

NON-CONFIDENTIAL

STATE OF MAINE
DIRIGO HEALTH AGENCY

IN RE:)	EXHIBIT ____
)	
DETERMINATION OF AGGREGATE)	
MEASURABLE COST SAVINGS)	PREFILED TESTIMONY OF
DETERMINED FOR THE SECOND)	RITA BUBAR
ASSESSMENT YEAR (2007))	
)	
)	
)	March 22, 2006
)	

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1 **Q. Please state your name, position at Cianbro and responsibilities in that position.**

2 A. My name is Rita Bubar. I am the Corporate Human Resources Manager. I am
3 responsible for all of our benefit programs.

4 **Q. And how long have you been in that position at Cianbro?**

5 A. I have been here for 29 years.

6 **Q. And for that 29 years, have you been involved in benefits and wellness and
7 health throughout that period?**

8 A. I have.

9 **Q. And you are located in Cianbro's corporate office in Pittsfield, is that correct?**

10 A. That's right.

11 **Q. Let's talk about your workforce and I know that you are more than just a Maine
12 contractor, your businesses are far-reaching, and I don't know if you break this
13 down this way or not, but if you could just describe a cross-section of your
14 workforce here in Maine, number of employees and number of covered lives.**

15 A. We average around 2,000 employees a year.

16 **Q. Now is that all in Maine?**

17 A. No. That is company-wide. We have fairly high-turnover being a construction
18 company because we are always working ourselves out of a job so to speak.

19 We do average around 2,000 employees, and we work in 13 states up and down the
20 eastern seaboard. We have regional offices here in Pittsfield, besides our Corporate
21 office. We also have a regional office in Bloomfield, Connecticut and one in
22 Baltimore, Maryland. About 75% of our workforce is in Maine and 25% outside of

1 the State. That can change from year to year a little bit, but roughly that is the
2 average. We have 90% male, 10% female and our average age is 43.

3 **Q. In terms of your benefits, regardless of where people are located, are the benefits**
4 **administered here in Maine?**

5 A. Yes.

6 **Q. You are self-insured, is that correct?**

7 A. Yes. We are self-insured on our medical, CIGNA is third party administrator, and we
8 have roughly 5,000 covered lives.

9 **Q. What is your overall healthcare strategy for your employees, and how has it**
10 **evolved over the years?**

11 A. Our overall healthcare strategy is to provide high quality health coverage to our
12 employees at affordable prices and to improve the quality of team members and their
13 family's lives while lowering our overall medical costs.

14 **Q. What are you doing to further those objectives? What programs do you have in**
15 **place or what initiatives do you have to accomplish providing high quality**
16 **healthcare at affordable prices?**

17 A. The initiatives we have in place are twofold: First, we have programs within our
18 medical plan; and secondly, we have programs outside our medical plan. Within our
19 medical plan, we focus on providing good quality first dollar coverage for prevention;
20 with x-ray, lab and diagnostic testing at 100%, with no deductibles in or out of
21 network, to promote prevention and early detection. We also provide resources for
22 self-care, which includes a 24 hour nurse line that is provided by CIGNA, where
23 employees can be triaged for acute care and obtain health information. Upon hire, we

1 give all of our employees the Healthwise Handbook, a self-care manual, which costs
2 us about \$7 a piece just for that. Then we have a huge educational component about
3 using healthcare wisely and wellness. These initiatives, however, are more outside
4 our medical plan, which I will get to in just a moment.

5 Inside our medical plan we have started two new initiatives this year with
6 CIGNA, and they are quality initiatives. One is a product that CIGNA actually has
7 on the market as a product available to their customers. The other is an initiative that
8 we have created in conjunction with CIGNA based on their quality data. Everybody
9 talks about quality and how valuable it is and that quality can reduce costs, and we
10 believe that is true. But putting that information in the hands of people is a much
11 greater challenge because the healthcare system is so complex and convoluted. It
12 really isn't easy for people to understand how to get quality. So we worked with
13 CIGNA, who has identified 31 surgical procedures and the Centers of Excellence
14 hospitals for those 31 procedures, and created a program to make it easy for people to
15 have that information in their hands. We formatted a spreadsheet listing all 31
16 procedures, and the top two hospitals that are highest in quality in each of the 13 states
17 where we work.

18 **Q. And this will enable your folks to hopefully make more informed healthcare**
19 **decisions?**

20 A. Yes, and it is different from other programs. You can go on CIGNA's website and
21 probably most insurer's website, and find the hospital Centers of Excellence.
22 However, CIGNA's website only goes out 75 miles and it presumes that people are

1 going to travel only 75 miles I guess, or are only willing to travel 75 miles. So they
2 don't have a tool to go beyond that.

3 There is a hospital comparison tool that's different, but it is a little more
4 difficult to use. It goes out 200 miles. But it is not easy to deliver that information to
5 a group, so we have made the delivery of that information easy by publishing it for
6 our people. Attached hereto is the document we provide concerning quality. See
7 **Attachment A.**

8 **Q. How do you get that information to your employees? Is that on the website or is**
9 **that part of the booklet that you mentioned earlier that you give to your**
10 **employees?**

11 A. During open enrollment we provide the attached information in an individual mailing
12 to our people, and we have it on our website as well.

13 **Q. That is what you are doing within your medical plan?**

14 A. Yes, and there is another program that we are doing within our plan that is a product
15 of CIGNA's, what they call their Care Network. That is their list of docs and
16 specialists who have gone through an additional credentialing process to become their
17 care network specialist. I liken it to the preferred provider. But those are the doctors
18 that have provided to CIGNA additional documentation about cost, quality and
19 practice procedures and received that designation. If our people go to one of those
20 specialists they have a lower co-pay than with a normal specialist. We do \$25 for a
21 regular specialist, \$15 if it's a Care Network specialist network provider. I did want
22 to mention also that we looked at three years of historical claims data relating to the
23 Centers of Excellence. We looked at where people went for those procedures and

1 whether they went to a Center of Excellence or they went to one of the lower rated
2 hospital. We could see from the cost standpoint that those individuals who went to
3 the Centers of Excellence for those procedures paid about 1/3 of the cost of those who
4 went to the non-rated or lower rated facilities.

5 **Q. That is pretty powerful information.**

6 A. It certainly is.

7 **Q. Was this Maine hospitals?**

8 A. We looked at it company wide.

9 **Q. So it is not just necessarily here in Maine?**

10 A. Right, we have also included the next to the highest rated hospitals in the quality
11 information available for people because we did not want anyone to have the
12 impression it was all about cost. Cost is one factor of quality. None of these
13 hospitals are rated unless they do at least 100 of those procedures and the more a
14 hospital does the higher the quality. That is what we are doing within the plan as well
15 as we offer a couple of disease management programs.

16 Now turning to outside of our medical program, we have a huge focus on
17 education and our wellness programs. Those two things are integrated. We have
18 what we call our Healthy LifeStyles Program which is integrated with our medical
19 program and if people join that program, and it is voluntary, they agree to reduce their
20 controllable at-risk behaviors and work with a health educator, completing a health
21 risk assessment and having periodic follow-up meetings during the year ongoing. In
22 exchange for that, not only do they get to improve their health, but we give them a
23 monetary discount on their medical plans, and for a single person it amounts to a little

1 over \$600 a year and for a family person it's a little over \$1,600 per year, and that is
2 in addition to the normal company contribution that we give to employees. For those
3 individuals who are in our wellness program, our Healthy LifeStyle Program, Cianbro
4 pays approximately 80% of the total cost of their coverage.

5 **Q. Okay you mentioned it was voluntary. Those are pretty decent incentives so I**
6 **would assume that you have a fairly decent participation rate?**

7 A. We have about 77%.

8 **Q. How long has this program been in place?**

9 A. Since the fall of 2001.

10 **Q. Does that cover your programs outside your medical plan?**

11 A. Well that is a program that we hire an outside company to manage for us because of
12 the privacy issues, so we pay between three and four percent of our total medical cost
13 for wellness. That includes the cost of our Healthy LifeStyle Program, which
14 includes periodic 20 minute health risk assessment interviews for team members
15 throughout the year. For team members, we do those interviews on company time
16 and that time is an additional investment. We also arrange convenient times and
17 locations for spouses because we include spouses in the Healthy LifeStyle Program.
18 If the team member joins the Healthy LifeStyle Program, they join for their spouse as
19 well. We feel the program is a huge commitment in wellness at the workplace, and is
20 a pretty significant dollar investment as well.

21 On our education pieces, we provide a monthly wellness newsletter sent to
22 everyone's home. We provide what we call the President's Message bi-weekly
23 bulletin that is sent to all of our jobs sites, and delivered to our team members at the

1 site verbally. We have healthy selections in our vending machines, we have healthy
2 food at company provided meals, and we have a tobacco free work site in and out of
3 doors for ourselves and our suppliers and sub-contractors. A lot of companies now
4 are tobacco free, but maybe not a lot of construction companies. In support of our
5 tobacco free workplace we provide free tobacco replacement therapy products, like
6 the patch to all team members and spouses who are committing to give up tobacco.

7 **Q. From what I am hearing, Cianbro is very forward thinking with employees'**
8 **wellness, you have all of these programs and initiatives in place, do you believe**
9 **that your programs and your initiatives, your Healthy Lifestyle Program,**
10 **Centers for Excellence, do you believe that they are in fact having an impact on**
11 **your healthcare costs?**

12 A. Yes we do. We believe that quantifying that for us or anybody is very difficult
13 because there are a lot of factors that affect cost. We know, however, that by
14 measuring our controllable health risks, we have lowered the health risks of
15 employees and spouses in every risk that we are measuring. We know this because
16 all of the history and change is captured on the Healthy Lifestyle Program's software
17 administered by OMC, our provider of that program. As well, we have a 50%
18 tobacco quit rate. Despite seeing these positive changes and results, we are still
19 experiencing cost increases in our medical plans. We compare our rate of increase
20 with the national trends or average increases across the country and, although we
21 would like to see better results, we believe we have slowed the rate of increase in
22 costs.

1 The problem with Dirigo's assessment is that they are basing these savings in
2 the program on slowing the rate of increase which, you know, is great but they are not
3 real dollars back in our pocket. They translate into saving future dollars, and that is
4 what we have done. We believe we are saving future dollars but it hasn't done
5 anything to really reduce current health care costs which is kind of the same issue as
6 with Dirigo. They find this \$43 Million, which in reality is, under any explanation, a
7 reduction of future increases that would have been there, but they are not dollars
8 necessarily that people got back in their rates. And because we are still faced with
9 rising medical inflation every year and an increase of modern technology, costs still
10 go up. There is the availability of these more expensive procedures, tests and cures
11 that will help people which is great, you want it to be there, but that has an added cost
12 every year that is factored into this system and it is growing faster than the rate of
13 inflation. Also, people have been building up these at risk behaviors for a good many
14 years. So you end up with people in the system with some irreversible illnesses and
15 you can't necessarily stop those costs from happening.

16 With all of these factors, we had been experiencing rate increases below the
17 national trend. This year we are about even, maybe a little bit above because we had
18 eleven claims representing a little under \$3M in costs. Regardless, our extensive
19 efforts in this area are not going unnoticed. Attached are a number of articles
20 recognizing the impact of our programs. See Attachment B.

21 **Q. Since you started these programs, some of these initiatives in 2001 and as a**
22 **result of these programs, did you track your claims data? What is your claims**

1 **data telling you over the last three or four years? Are you reducing your**
2 **number of claims?**

3 A. No, not really, but we think we have impacted overall costs. With our high turnover
4 we are constantly introducing new people to our programs who may be adding to our
5 medical cost. There is little we can do about that except to try to help other
6 Companies have healthier employees and that benefits all of us. We have shared
7 what we are doing with wellness with many other companies in the State over the
8 past two or three years, and they were and are doing some great things with wellness.
9 Notably, the draft Maine State Health Plan acknowledges the wellness efforts of
10 companies like Cianbro and the effect that wellness programs have on the cost of
11 healthcare. These employer wellness efforts should be acknowledged as part of the
12 savings determination process.

13 **Q. Do you have any data showing any trends in claims?**

14 A. It is hard to draw any real conclusions but we are having more modest increases in
15 claims, like the last couple of years, the claims costs have risen a little over 12%
16 annually in each year, 2004 and 2005. 2003 was only a little over 7%. We are not
17 seeing any significant reduction but we are maintaining a high quality medical plan
18 and slowing our overall rate of growth. As a self insured company, we are just seeing
19 what we pay based on the experience of our group from a year to year basis - we do
20 not have the benefit of a broader base like an insurance company that might be
21 spreading their risk over many companies. What we have in a given year is what we
22 pay, so if we have a bad year, based on the particular people that we have in the
23 company, our costs are reflective of that. Now having said that, we do believe that

1 had we not invested in these initiatives, we would be experiencing even greater claim
2 costs. In 2000, we had an increase of over 40% in claims costs, and that is when we
3 really started saying that we have to do something about these medical costs. As a
4 result, we worked during 2001 to create a program that we introduced at the end of
5 the year. We have certainly seen our rates of increase decrease and we had a 21%
6 increase and a 15% increase before 2001 and now we are seeing the lower increases
7 with the 12% and less. Moreover, you can't have a healthy company without healthy
8 employees. Nationally, I believe the accepted thought is that for every dollar invested
9 in wellness, there is a \$4 rate of return in productivity.

10 We want to do a lot better but when we have to add on the cost items like
11 Dirigo it only adds to our costs, particularly in light of the fact that Dirigo is not the
12 only health care tax we pay. We have Dirigo here in Maine, Massachusetts also
13 assesses us a surcharge, based on the number of people we have working in the State,
14 to help provide medical insurance to people in their State, and New York charges a
15 surcharge based on the hospital claims our people incur there, and that is all part of
16 the cost of us providing medical to our people. We would not have some of these
17 costs at all if we didn't provide medical coverage to our employees.

18 **Q. Right. And now you are hinting a little towards the real crux of the issue here.**
19 **Could you please explain whether Cianbro supports Dirigo, and if Cianbro has**
20 **any concerns with Dirigo, could you explain those as well?**

21 **A.** Well, overall we support the concept of Dirigo, which is really to provide access to
22 coverage for people who don't already have medical coverage and I think that is the
23 overriding concept. Our philosophy is that people have to have access to medical

1 coverage and that is one of our goals to make sure that people have affordable
2 coverage. The primary objection we have to Dirigo is that the goals of Dirigo haven't
3 been accomplished because they haven't met any of the enrollment projections; their
4 numbers have simply fallen far short. I don't have the exact numbers off the top of
5 my head but I have heard quotes about how much money it costs to insure the limited
6 number of people enrolled, what the cost has been vs. the benefit or the number of
7 people that we should have insured is not there. I don't recall those exact numbers
8 but they are available. But for us, I believe, you know, the whole concept that we
9 object to is the funding and how they find the saving because they are not real dollars
10 that are returned to people and payors like Cianbro. It is hard to convince us that
11 there is real savings when we still see the same or greater costs in medical coverage.
12 Maybe we have slowed down the rate of growth in the State but whether that is really
13 attributable to Dirigo or not is pretty hard to tell.

14 You know, a good part of it might be attributable to the wellness efforts that
15 companies like Cianbro are doing. Who knows. The Chamber was involved in doing
16 some studies with how the calculation for savings was derived and a minority opinion
17 about that was put forth with some very good points, so it is really debatable how
18 those calculations are derived or what they are attributable to. Having said that, I am
19 not sure it would be such an issue if it wasn't the way we are providing the funding
20 part, it seems like this has turned into a game where the state is just trying to justify
21 the savings in order to make the assessment on employers like Cianbro to get the
22 money to pay for Dirigo.

1 One last point. Cianbro is a 100% employee owned company through our
2 ESOP. The profits of the company are returned to the employees through wages and
3 benefits. If we reduce overall medical cost, any money we save goes to reduce what
4 employees pay, improve coverage or is a contribution to their other benefits, like the
5 retirement contribution. Things like Dirigo that affect our overall profitability, can in
6 turn affect our stock price, which in turn can impact our team members' retirement
7 accounts which are largely made up of Cianbro stock.

8 **Q. Would you agree then, if I may paraphrase here - that part of the objection is**
9 **that even assuming Dirigo has resulted in some “savings”, employers like**
10 **Cianbro, Bath Iron Works, UNUM, also have expended sums and made efforts**
11 **to reduce their medical costs which would also impact the system as a whole and**
12 **so if Dirigo attempts to recapture all of the savings to the system, assuming that**
13 **there are some, or at least a reduction in growth, then what happens is you are**
14 **really paying out of your own pocket for your own initiatives, and then Dirigo is**
15 **taking credit for some of that and charging you for it - I mean is that sort of the**
16 **gist of your complaint?**

17 **A. Right. Absolutely, I mean we are making the investment and it is almost as if we are**
18 **being taxed on the investment we are making. This could be making it a little bit**
19 **basic, but I fail to understand why companies like us, who are providing medical**
20 **coverage, and who are investing in wellness for their employees, must now pay the**
21 **costs to provide medical coverage for those companies who are not doing it.**

22 **Q. Right, a little bit of a slap in the face.**

1 A. Right. So if we want to provide access, why don't we just do something differently
2 with funding? There should be a way to make a much more equitable distribution of
3 this tax, because that is what it is, perhaps a tax that could be assessed on a broader
4 basis.

5

6



Cianbro's Quality Counts Program

Program Overview

Many believe that quality healthcare is a right, not a privilege. Increasingly, consumers want more information about healthcare to ensure they receive high-quality care. Cianbro, in conjunction with CIGNA, our medical provider, wants to help our team members and their families become educated consumers on quality healthcare.

Cianbro's Quality Counts Program provides an easy way for team members to find quality and cost effective care by using CIGNA's Care Network and quality care facilities. We will help you find specialists and hospitals in your area that meet quality standards. Team members and dependents who are having one of the following **29** procedures, can call Cianbro, (800)315-2211, ext. 2233, or a CIGNA Case Manager, (800)858-3644 (option 2, option 1, ext. 47046) to find out the best facility to go to for the procedure.

- | | |
|---|---------------------------------------|
| • Angioplasty | • Heart Failure |
| • Asthma - Pediatric | • Heart Valve Replacement |
| • Bronchitis - Acute | • Hip Replacement - Total |
| • Cardiac Catheterization | • Hysterectomy - Total Abdominal |
| • Cardiac Pacemaker Implant | • Infant - Premature |
| • Cesarean Section | • Infant - Premature - Major Problems |
| • Chest Pain | • Irregular Heartbeat |
| • Chronic Obstructive Pulmonary Disease | • Knee-Replacement - Total |
| • Colon Surgery | • Pneumonia - Adult |
| • Coronary Artery Bypass Grafting | • Prostatectomy - Transurethral |
| • Craniotomy - Adult | • Spinal Fusion |
| • Disc Surgery | • Stroke |
| • Gall Bladder Removal - Laparoscopic | • Syncope |
| • GI Hemorrhage | • Vaginal Delivery |
| • Heart Attack | |

Procedures will be added to this list as new data becomes available. Also available is a list of physicians that have admitting privileges to the quality facility you chose.

We recommend that you discuss the information that CIGNA or Cianbro provides to you with your physician on all important health care decisions. It is also important that you confirm that the provider is within CIGNA's Open Access Plus network before scheduling an appointment to receive the lowest out of pocket expense.

Quality Care Facilities What is a Quality Care Facility?

Quality care facilities offer the best patient outcomes for a specific procedure have the finest operational standings and provide the best inpatient care. Many studies show that, in general, the more a hospital or facility treats a specific condition, the better your outcome tends to be. Facilities that perform less than a 100 of these procedures a year are not rated.

Data is collected from individual states and Medicare to be ranked and scored for quality and cost. Hospitals can obtain a ranking of up to three stars for quality and three stars for cost.

- **Quality** (patient outcomes) is a measure of the hospital's effectiveness in treating the selected procedure/condition and is assessed based on three criteria: Major Complications (fewer problems) - 45% of the score; Mortality (fewer deaths) - 45% of the score; Leapfrog Patient Safety Survey Participation - 10% of the score.
- **Cost** is a measure of the hospital's cost (not including physician fees and outpatient services) relative to the national average cost for a particular procedure/condition.

Quality care facilities have a score of 3 stars in quality and either 2 or 3 stars in cost efficiency. Facilities with a perfect score of 3 stars in quality and 3 stars in cost are designated as a Center of Excellence for a particular procedure. A facility that has not performed 100 of a particular procedure will be noted as "Not Rated" because there is not enough data to rank them accurately.

CIGNA Care Network (CCN) - *Currently Only available in Maine*

What is the CIGNA Care Network?

The CIGNA Care Network is made up of specialist who practice in one of the specialties listed below and meets certain criteria relating to the number of patients treated, quality and/or efficiency. **By visiting a specialist in CIGNA's Care Network you will have a reduced copay of \$15 instead of \$25.**

- | | |
|------------------------------------|-------------------------|
| • Allergy/Immunology | • Infectious Disease |
| • Cardiology | • Nephrology |
| • Cardiovascular Surgery | • Neurology |
| • Colon and Rectal Surgery | • Neurosurgery |
| • Dermatology | • Obstetrics/Gynecology |
| • Ear/Nose/Throat (Otolaryngology) | • Ophthalmology |
| • Endocrinology | • Orthopedics |
| • Gastroenterology | • Pulmonary Medicine |
| • General Surgery | • Rheumatology |
| • Hematology/Oncology | • Urology |
| | • Vascular Surgery |

Specialists are included in CCN, based on the following criteria:

- They are recognized by the National Committee for Quality Assurance (NCQA) for diabetes care, heart and stroke care.
 - They are evaluated according to quality and efficiency measures and must provide a certain amount of treatment for CIGNA HealthCare members.
1. First, they must meet CIGNA's criteria for board certification.
 2. Then, the doctor's relative efficiency is assessed by comparing the doctor's costs to others in similar specialties.

CIGNA Care Network (CCN) - *continued*

3. Finally, based on claims data, CIGNA evaluates certain specialists using quality measures endorsed by the Ambulatory Quality Association. Those who perform in the top 5 % for these measures receive the CIGNA Care Network (CCN) designation.

If your specialist is not in the CCN, it does not mean they are not a quality provider. All CIGNA providers are credentialed to help make sure they meet quality standards. However, your doctor may not meet the additional criteria to be recognized as part of the CCN.

Currently, this program is only offered in Maine but will roll out to other areas in the future.

Find a Quality Care Facility or CCN Specialist

How can you find a quality care facility or a specialist in the CCN?

1. Team members can call Cianbro, (800)315-2211, ext. 2233, or a CIGNA Case Manager, (800)858-3644 (option 2, option 1, ext. 47046).
2. CIGNA's quality rankings for facilities and specialists are also available on www.mycigna.com or at www.cigna.com under the Provider Directory.

Below is an example of how the CCN specialist will show in the Provider Directory:

The screenshot shows a web browser window displaying the CIGNA Provider Directory. The search criteria are set to "04907 PITTSFIELD, ME Physician". The results are sorted by "Distance". The first result is for "Knutson, Wayne A. MD, MEd", a PCP Specialty: No Specialists, Non-PCP Specialty: Cardiovascular Diseases, Group Practice: Cardiovascular Consultants of Maine, PA, located at 149 North St, Waterville, ME 04901, with a phone number of (207) 873-1850. The distance is approximately 21 miles. The CCN Logo is highlighted with an arrow pointing to the "View Map" link.

Provider Name	Address
1. Knutson, Wayne A. MD, MEd PCP Specialty: No Specialists Non-PCP Specialty: Cardiovascular Diseases Group Practice: Cardiovascular Consultants of Maine, PA	149 North St Waterville, ME 04901 (207) 873-1850 View Map Distance approx. 21 miles
2. Petronich, George, MD PCP Specialty: Internal Medicine Non-PCP Specialty: Cardiovascular Diseases Group Practice: Maine Cardiology Associates	82 Silver St Waterville, ME 04901 (207) 873-1715 View Map Distance approx. 22 miles
3. Hays, George J. MD PCP Specialty: Internal Medicine Non-PCP Specialty: Cardiovascular Diseases Group Practice: Maine Cardiology Associates	82 Silver St Waterville, ME 04901 (207) 873-1715 View Map



Cianbro's Quality Counts Program - List of Quality Hospitals

Center of Excellence	State	Quality Score*	Center of Excellence	State	Quality Score*
Angioplasty			Cardiac Catheterization- continued		
St Francis Hospital & Medical Center	CT	5	Union Memorial Hospital	MD	5
St Vincent's Medical Center	CT	4	Washington County Hospital	MD	5
Lahey Clinic Burlington	MA	5	Harbor Hospital Center	MD	4
Tufts New England Medical Center	MA	5	Brookdale Hospital Medical Center	NY	5
Mount Auburn Hospital	MA	4	Brooklyn Caledonian at Berkley	NY	5
Peninsula General Hospital	MD	5	Buffalo General Hospital	NY	5
Sacred Heart Hospital	MD	5	Glens Falls Hospital	NY	5
St. Joseph Hospital	MD	5	Good Samaritan Hospital - West Islip	NY	5
Union Memorial Hospital	MD	5	Long Island Jewish Medical Center	NY	5
Prince George's Hospital Center	MD	4	Nassau University Medical Center	NY	5
Central Maine Medical Center	ME	4	Park Ridge Hospital	NY	5
Maine Medical Center	ME	4	South Nassau Communities Hospital	NY	5
Lenox Hill Hospital	NY	5	St. Peters Hospital Albany	NY	5
Long Island Jewish Medical Center	NY	5	State University Hospital of Brooklyn	NY	5
New York Hospital	NY	5	Arnot Ogden Medical Center	NY	4
New York University Medical Center	NY	5	Champlain Valley Physicians Hospital	NY	4
North Shore Univ Hospital at Manhasset	NY	5	Mary Imogene Bassett Hospital	NY	4
St Francis Hospital Roslyn	NY	5	Millard Fillmore Hospital at Suburban	NY	4
St. Peters Hospital Albany	NY	5	Southside Hospital	NY	4
State University Hospital of Brooklyn	NY	5	St Elizabeth Medical Center	NY	4
SVCMC St Vincent's Hospital Manhattan	NY	5	Strong Memorial Hospital	NY	4
Westchester Medical Center	NY	5	SVCMC St Vincent's Hospital Richmond	NY	4
Arnot Ogden Medical Center	NY	4	United Health Services CS Wilson	NY	4
St Lukes Roosevelt Hospital at St Lukes	NY	4	Cardiac Pacemaker Implant		
Staten Island University Hosp - South	NY	4	St Vincent's Medical Center	CT	4
United Health Services CS Wilson	NY	4	Stamford Hospital	CT	4
Asthma - Pediatric			Beth Israel Deaconess Medical Center	MA	5
North Shore Medical Center-Salem Campus	MA	4	Lahey Clinic Burlington	MA	5
Peninsula Hospital Center	NY	5	Nashoba Valley Medical Center	MA	5
Albany Medical Center Hospital	NY	5	Southcoast Hlth Sys - St. Luke's Hosp	MA	4
SVCMC St Mary's Hospital Brooklyn	NY	5	Franklin Square Hospital	MD	5
SVCMC Mary Immaculate Hospital	NY	5	St Agnes Hospital	MD	5
Winthrop University Hospital	NY	5	St. Joseph Hospital	MD	5
Our Lady of Mercy Medical Center	NY	5	Peninsula General Hospital	MD	5
New York Methodist Hospital	NY	4	Washington Adventist Hospital	MD	4
Long Island College Hospital	NY	4	Eastern Maine Medical Center	ME	4
Wyckoff Heights Hospital	NY	4	Maine Medical Center	ME	4
St Lukes Cornwall Hospital Newburgh	NY	4	Rochester General Hospital	NY	5
Beth Israel Medical Center Petrie Div	NY	4	New York Hospital Med Ctr of Queens	NY	5
Brooklyn Hospital Center at Downtown	NY	4	Lenox Hill Hospital	NY	5
Bronchitis - Acute			St Catherine of Siena Medical Center	NY	5
North Shore Medical Center-Salem Campus	MA	4	St Josephs Hospital Health Center	NY	5
Flushing Hospital Medical Center	NY	5	St Peters Hospital Albany	NY	5
Crouse Hospital	NY	5	Albany Medical Center Hospital	NY	4
Strong Memorial Hospital	NY	5	Long Island Jewish Medical Center	NY	4
Wyckoff Heights Hospital	NY	4	North Shore Univ Hospital at Manhasset	NY	4
Women and Children's Hospital	NY	4	Montefiore Medical Center	NY	4
SVCMC St Vincent's Hospital Richmond	NY	4	North Shore Univ Hospital at Plainview	NY	4
University Hospital at Stony Brook	NY	4	Staten Island University Hosp - North	NY	4
NY Presbyterian Hospital - Columbia	NY	4	Cesarean Section		
Jamaica Hospital Medical Center	NY	4	Cape Cod Hospital	MA	5
Cardiac Catheterization			Hallmark Hlth System - Melrose-Wakefield	MA	5
Danbury Hospital	CT	4	Heywood Memorial Hospital	MA	5
Lawrence General Hospital	MA	5	Milford-Whitinsville Regional Hospital	MA	5
Saints Memorial Medical Center	MA	5	Southcoast Hlth Sys - Charlton Memorial	MA	5
Cape Cod Hospital	MA	4	Southcoast Hlth Sys - Tobey Hospital	MA	5
Mount Auburn Hospital	MA	4	St. Vincent's Hospital	MA	5
Tufts New England Medical Center	MA	4	Brockton Hospital	MA	4
Franklin Square Hospital	MD	5	Mount Auburn Hospital	MA	4
Holy Cross Hospital	MD	5	Civista Medical Center	MD	5
Sinai Hospital	MD	5	Holy Cross Hospital	MD	4
Suburban Hospital	MD	5	Washington Adventist Hospital	MD	4

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Cianbro's Quality Counts Program - List of Quality Hospitals

Center of Excellence	State	Quality Score*	Center of Excellence	State	Quality Score*
Cesarean Section - continued			Chest Pain - continued		
Inland Hospital	ME	4	Winchester Hospital	MA	5
Maine Medical Center	ME	4	Boston Medical Center	MA	4
Mid-Coast (Brunswick)	ME	4	Cape Cod Hospital	MA	4
St Marys Regional Medical Center	ME	4	Lahey Clinic Burlington	MA	4
Bronx-Lebanon Hospital Center - Concourse	NY	5	Anne Arundel Medical Center	MD	5
Brooks Memorial Hospital	NY	5	Carroll County General Hospital	MD	5
Claxton-Hepburn Medical Center	NY	5	Dorchester General Hospital	MD	5
Cortland Memorial Hospital	NY	5	Garrett County Memorial Hospital	MD	5
Episcopal Hospital St Johns South Shore	NY	5	Kent & Queen Anne's Hospital	MD	5
Glens Falls Hospital	NY	5	Memorial Hospital at Easton	MD	5
Good Samaritan Hospital - West Islip	NY	5	Peninsula General Hospital	MD	5
Hudson Valley Hospital Center	NY	5	Upper Chesapeake Medical Center	MD	5
Lutheran Medical Center	NY	5	Washington County Hospital	MD	5
Mercy Medical at Rockville Center	NY	5	Bon Secours Hospital	MD	4
Niagara Falls Memorial Medical Center	NY	5	Harbor Hospital Center	MD	4
North Shore Univ Hospital at Glen Cove	NY	5	Holy Cross Hospital	MD	4
North Shore Univ Hospital at Plainview	NY	5	Montgomery General Hospital	MD	4
North Shore Univ. Hospital at Forest	NY	5	Northwest Hospital Center	MD	4
Olean General Hospital at Main Div	NY	5	Prince George's Hospital Center	MD	4
Oswego Hospital	NY	5	Washington Adventist Hospital	MD	4
Our Lady of Lourdes Memorial Hospital	NY	5	Parkview Memorial	ME	5
Samaritan Hospital	NY	5	Eastern Maine Medical Center	ME	4
Seton Health System - St. Mary's Campus	NY	5	Maine General - Augusta	ME	4
Southside Hospital	NY	5	York Hospital	ME	4
St Catherine of Siena	NY	5	Albany Medical Center Hospital	NY	5
St Clares Hospital	NY	5	Alice Hyde Medical Center	NY	5
St Johns Riverside Hospital	NY	5	Benedictine Hospital	NY	5
St Lukes Hospital of Newburgh	NY	5	Beth Israel Medical Center Kings Hwy	NY	5
State University Hospital of Brooklyn	NY	5	Bon Secours Community Hospital	NY	5
Staten Island University Hosp - South	NY	5	Brookdale Hospital Medical Center	NY	5
SVCMC St Vincent's Hospital Manhattan	NY	5	Brooks Memorial Hospital	NY	5
SVCMC St Vincent's Hospital Richmond	NY	5	Brunswick Hospital Center	NY	5
Victory Memorial Hospital	NY	5	Cabrini Medical Center	NY	5
Beth Israel Medical Center	NY	4	Catskill Regional Medical Center - HAR	NY	5
Geneva General Hospital	NY	4	Central Suffolk Hospital	NY	5
Lawrence Hospital	NY	4	Claxton-Hepburn Medical Center	NY	5
Lockport Memorial Hospital	NY	4	Edward John Noble Hospital of Gouvern	NY	5
Long Island College Hospital	NY	4	Flushing Hospital Medical Center	NY	5
New York University Medical Center	NY	4	Good Samaritan Hospital - Suffern	NY	5
North Shore Univ Hospital at Manhasset	NY	4	Good Samaritan Hospital - West Islip	NY	5
Nyack Hospital	NY	4	Jamaica Hospital Medical Center	NY	5
Our Lady of Mercy Medical Center	NY	4	John T Mather Memorial Hospital	NY	5
Phelps Memorial Hospital Assn	NY	4	Jones Memorial Hospital	NY	5
Southampton Hospital	NY	4	Kingsbrook Jewish Medical Center	NY	5
St Charles Hospital & Rehab Center	NY	4	Kingston Hospital	NY	5
Winthrop University Hospital	NY	4	Lawrence Hospital Center	NY	5
Chest Pain			Lutheran Medical Center	NY	5
Hospital of St Raphael	CT	4	New Island Hospital	NY	5
New Britain General Hospital	CT	4	New York University Downtown Hospital	NY	5
Providence Hospital	DC	4	NY United Hospital Medical Center	NY	5
Anna Jaques Hospital	MA	5	Orange Regional Medical Center Goshen	NY	5
Caritas Carney Hospital	MA	5	Orange Regional Medical Center Mditwn	NY	5
Caritas Good Samaritan Medical Center	MA	5	Oswego Hospital	NY	5
Faulkner Hospital	MA	5	Our Lady of Mercy Medical Center	NY	5
Hallmark Hlth System - Melrose-Wakefield	MA	5	Parkway Hospital	NY	5
Holyoke Hospital	MA	5	Sound Shore Medical Center Westchester	NY	5
Lawrence General Hospital	MA	5	Southampton Hospital	NY	5
Mercy Hospital - Springfield	MA	5	St Catherine of Siena Medical Center	NY	5
Merrimack Valley Hospital	MA	5	St Johns Episcopal Hospital South Shore	NY	5
Mount Auburn Hospital	MA	5	St Lukes Cornwall Hospital Newburgh	NY	5
Nashoba Valley Medical Center	MA	5	St Vincent's Midtown Hospital	NY	5
Noble Hospital	MA	5	TLC Hlth Ntwk Lake Shore Hospital	NY	5
North Shore Medical Center-Salem Campus	MA	5	University Hospital at Stony Brook	NY	5
Northeast Hlth Sys- Addison Gilbert Hosp	MA	5	White Plains Hospital Center	NY	5

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Cianbro's Quality Counts Program - List of Quality Hospitals

Center of Excellence	State	Quality Score*	Center of Excellence	State	Quality Score*
Chest Pain - continued			Chronic Obstructive Pulmonary Disease - continued		
Auburn Memorial Hospital	NY	4	Upper Chesapeake Medical Center	MD	5
Bassett Healthcare M I Bassett Hospital	NY	4	Sinai Hospital	MD	4
Cayuga Medical Center at Ithaca	NY	4	University of Maryland Medical System	MD	4
Columbia Memorial Hospital	NY	4	Central Maine Medical Center	ME	4
Lincoln Medical & Mental Health Center	NY	4	Maine General - Waterville	ME	4
Long Island College Hospital	NY	4	Maine Medical Center	ME	4
Mount Sinai Medical Center	NY	4	Southern Maine Medical Center	ME	4
Mount Vernon Hospital	NY	4	Aurelia Osborn Fox Memorial Hospital	NY	5
New York Comm Hosp of Brooklyn	NY	4	Brookdale Hospital Medical Center	NY	5
New York Methodist Hospital	NY	4	Cornwall Hospital	NY	5
New York University Medical Center	NY	4	Hudson Valley Hospital Center	NY	5
North Shore Univ Hospital at Glen Cove	NY	4	Jones Memorial Hospital	NY	5
North Shore Univ Hospital at Syosset	NY	4	Kings Highway Hospital	NY	5
Nyack Hospital	NY	4	Lakeside Memorial Hospital	NY	5
Olean General Hospital	NY	4	Mary Imogene Bassett Hospital	NY	5
Park Ridge Hospital	NY	4	Nassau University Medical Center	NY	5
Seton Health System - St. Mary's Campus	NY	4	North Shore Univ. Hospital at Forest	NY	5
St Elizabeth Medical Center	NY	4	Our Lady of Lourdes Memorial Hospital	NY	5
St Josephs Hospital Health Center	NY	4	Rochester General Hospital	NY	5
SVCMC Mary Immaculate Hospital	NY	4	St Barnabas Hospital	NY	5
SVCMC St Vincent's Hospital Manhattan	NY	4	St Lukes Roosevelt Hospital at Roosevelt	NY	5
UMMC North Street Campus	NY	4	St Lukes Roosevelt Hospital at St Lukes	NY	5
Westchester Medical Center	NY	4	St. Peters Hospital Albany	NY	5
Wyckoff Heights Hospital	NY	4	State University Hospital at Upstate Med	NY	5
Chronic Obstructive Pulmonary Disease			The Mount Vernon Hospital	NY	5
Howard University Hospital	DC	4	Wyoming County Community Hospital	NY	5
Providence Hospital	DC	4	Arnot Ogden Medical Center	NY	4
Anna Jaques Hospital	MA	5	Brookhaven Memorial Hospital Center	NY	4
Brockton Hospital	MA	5	Brooklyn Caledonian at Berkley	NY	4
Caritas Carney Hospital	MA	5	Cabrini Medical Center	NY	4
Hallmark Hlth System - Melrose-Wakefield	MA	5	Kenmore Mercy Hospital	NY	4
Health Alliance Hospitals Inc.	MA	5	Lincoln Medical & Mental Health Center	NY	4
Holyoke Hospital	MA	5	Long Beach Medical Center	NY	4
Marlborough Hospital	MA	5	Mercy Medical at Rockville Center	NY	4
Merrimack Valley Hospital	MA	5	Montefiore Medical Center at Einstein	NY	4
Metro West Med Center - Framingham	MA	5	Montefiore Medical Center at Henry & Luc	NY	4
Milton Hospital	MA	5	Nathan Littauer Hospital	NY	4
Noble Hospital	MA	5	NY Westchester Square Med Ctr	NY	4
Saints Memorial Medical Center	MA	5	Our Lady of Mercy Medical Center	NY	4
Berkshire Hlth System - Berkshire Med Ct	MA	4	Park Ridge Hospital	NY	4
Beth Israel Deaconess Medical Center	MA	4	Samaritan Hospital	NY	4
Boston Medical Center	MA	4	Saratoga Hospital	NY	4
Emerson Hospital	MA	4	St Clares Hospital	NY	4
Hubbard Regional Hospital	MA	4	UMMC Genesee Memorial	NY	4
Mercy Hospital - Springfield	MA	4	Wyckoff Heights Medical Center	NY	4
Northeast Hlth Sys- Beverly Hospital	MA	4	Colon Surgery		
Southcoast Hlth Sys - St. Luke's Hosp	MA	4	Lahey Clinic Burlington	MA	5
Southcoast Hlth Sys - Tobey Hospital	MA	4	North Shore Med Ctr & Salem Hospital	MA	5
Sturdy Memorial Hospital	MA	4	St. Vincent's Hospital	MA	5
Tufts New England Medical Center	MA	4	Winchester Hospital	MA	5
Anne Arundel Medical Center	MD	5	Cape Cod Hospital	MA	4
Bon Secours Hospital	MD	5	South Shore Hospital	MA	4
Cumberland Memorial Hospital & Med Ctr	MD	5	Southcoast Hlth Sys - St. Luke's Hosp	MA	4
Doctor's Community Hospital	MD	5	Frederick Memorial Hospital	MD	5
Good Samaritan Hospital	MD	5	North Arundel Hospital	MD	5
Harbor Hospital Center	MD	5	Peninsula General Hospital	MD	5
Harford Memorial Hospital	MD	5	Franklin Square Hospital	MD	4
Holy Cross Hospital	MD	5	Rochester General Hospital	NY	5
Johns Hopkins Hospital	MD	5	St. Peters Hospital Albany	NY	5
Maryland General Hospital	MD	5	St Josephs Hospital Health Center	NY	4
Northwest Hospital Center	MD	5	Coronary Artery Bypass Grafting		
Sacred Heart Hospital	MD	5	Yale-New Haven Hospital	CT	5
Southern Maryland Hospital	MD	5	Boston Medical Center	MA	5
Suburban Hospital	MD	5	Caritas St. Elizabeth's Medical Center	MA	5

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Cianbro's Quality Counts Program - List of Quality Hospitals

Center of Excellence	State	Quality Score*	Center of Excellence	State	Quality Score*
Coronary Artery Bypass Grafting -continued			Gall Bladder Removal - Laparoscopic - continued		
Lahey Clinic Burlington	MA	5	Lenox Hill Hospital	NY	5
St. Vincent's Hospital	MA	5	Long Island Jewish Medical Center	NY	5
Beth Israel Deaconess Medical Center	MA	4	Nassau University Medical Center	NY	5
Southcoast Hlth Sys - Charlton Memorial	MA	4	New York Hospital	NY	5
Peninsula General Hospital	MD	5	North Shore Univ Hospital at Syosset	NY	5
Union Memorial Hospital	MD	5	NY Presbyterian Hospital - Columbia	NY	5
Eastern Maine Medical Center	ME	4	NY Westchester Square Med Ctr	NY	5
Maine Medical Center	ME	4	Our Lady of Mercy Medical Center	NY	5
Erie County Medical Center	NY	5	St Francis Hospital Roslyn	NY	5
Long Island Jewish Medical Center	NY	5	St Lukes Roosevelt Hospital at Roosevelt	NY	5
Millard Fillmore Hospital	NY	5	The New York Methodist Hospital	NY	5
New York Hospital	NY	5	Elmhurst Hospital Center	NY	4
Rochester General Hospital	NY	5	Lincoln Medical & Mental Health Center	NY	4
St. Peters Hospital Albany	NY	5	Millard Fillmore Hospital at Suburban	NY	4
United Health Services CS Wilson	NY	5	North Shore Univ Hospital at Manhasset	NY	4
Albany Medical Center Hospital	NY	4	North Shore Univ Hospital at Plainview	NY	4
New York Hosp at Med Center of Queens	NY	4	North Shore Univ. Hospital at Forest	NY	4
North Shore Univ Hospital at Manhasset	NY	4	St Lukes Roosevelt Hospital at St Lukes	NY	4
Staten Island University Hosp - South	NY	4	GI Hemorrhage		
Craniotomy - Adult			Danbury Hospital	CT	5
Lahey Clinic Burlington	MA	5	Manchester Memorial Hospital	CT	4
Tufts New England Medical Center	MA	4	Middlesex Hospital	CT	4
Albany Medical Center Hospital	NY	5	William W Backus Hospital	CT	4
Westchester Medical Center	NY	5	Charlotte Hungerford Hospital	CT	4
NY Presbyterian Hospital - Columbia	NY	5	Providence Hospital	DC	4
Long Island Jewish Medical Center	NY	4	Faulkner Hospital	MA	5
Beth Israel Medical Center Petrie Div	NY	4	Brockton Hospital	MA	5
Montefiore Medical Center	NY	4	Lawrence General Hospital	MA	5
Disc Surgery			Lowell General Hospital	MA	5
Metro West Med Center - Framingham	MA	5	Hallmark Hlth System - Lawrence Memorial	MA	5
St. Vincent's Hospital	MA	5	Milford-Whitinsville Regional Hospital	MA	5
Baystate Medical Center	MA	4	Mercy Hospital - Springfield	MA	5
Southcoast Hlth Sys - St. Luke's Hosp	MA	4	Winchester Hospital	MA	5
Suburban Hospital	MD	4	Saints Memorial Medical Center	MA	5
Union Memorial Hospital	MD	4	St. Vincent's Hospital	MA	5
Maine Medical Center	ME	4	Caritas Carney Hospital	MA	5
Glens Falls Hospital	NY	5	Merrimack Valley Hospital	MA	5
Mount Sinai Medical Center	NY	5	Beth Israel Deaconess Medical Center	MA	4
New York Hospital	NY	5	Boston Medical Center	MA	4
NY Presbyterian Hospital - Columbia	NY	5	Lahey Clinic Burlington	MA	4
Phelps Memorial Hospital Assn	NY	5	Metro West Med Center - Framingham	MA	4
St Charles Hospital & Rehab Center	NY	5	Franklin Medical Center	MA	4
State University Hospital at Stony Brook	NY	5	Berkshire Med Ctr-Berkshire Campus	MA	4
Winthrop University Hospital	NY	5	Jordan Hospital	MA	4
St Josephs Hospital Health Center	NY	5	Baystate Medical Center	MA	4
NY Presbyterian Hospital - Columbia	NY	5	Franklin Square Hospital	MD	5
Orange Regional Medical Center Mdltn	NY	5	Greater Baltimore Medical Center	MD	5
Beth Israel Medical Center	NY	4	Good Samaritan Hospital	MD	5
Ellis Hospital	NY	4	St. Joseph Hospital	MD	5
Horton Medical Center	NY	4	North Arundel Hospital	MD	5
Long Island Jewish Medical Center	NY	4	Civista Medical Center	MD	5
New York University Medical Center	NY	4	Doctor's Community Hospital	MD	5
Beth Israel Medical Center Petrie Div	NY	4	Laurel Regional Hospital	MD	5
St Peters Hospital Albany	NY	4	St Mary's Hospital	MD	5
Gall Bladder Removal - Laparoscopic			Shady Grove Adventist Hospital	MD	5
Winchester Hospital	MA	5	Peninsula General Hospital	MD	5
Boston Medical Center	MA	4	Carroll County General Hospital	MD	5
Upper Chesapeake Medical Center	MD	5	Washington County Hospital	MD	5
Franklin Square Hospital	MD	4	Maryland General Hospital	MD	4
North Arundel Hospital	MD	4	Maine General - Augusta	ME	4
Sinai Hospital	MD	4	Kingsbrook Jewish Medical Center	NY	5
Bronx-Lebanon Hospital Center - Concourse	NY	5	Beth Israel Medical Center Kings Hwy	NY	5
Good Samaritan Hospital - West Islip	NY	5	University Hospital of Brooklyn	NY	5
Jamaica Hospital Medical Center	NY	5	Victory Memorial Hospital	NY	5
John T Mather Memorial Hospital	NY	5	Parkway Hospital	NY	5

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Cianbro's Quality Counts Program - List of Quality Hospitals

Center of Excellence	State	Quality Score*	Center of Excellence	State	Quality Score*
GI Hemorrhage - continued			Heart Attack - continued		
Nassau University Medical Center	NY	5	Mercy Hospital - Springfield	MA	4
Kingston Hospital	NY	5	Merrimack Valley Hospital	MA	4
St Lukes Cornwall Hospital Newburgh	NY	5	South Shore Hospital	MA	4
New York University Downtown Hospital	NY	5	Southcoast Hlth Sys - St. Luke's Hosp	MA	4
Our Lady of Mercy Medical Center	NY	5	Sturdy Memorial Hospital	MA	4
Central Suffolk Hospital	NY	5	Tufts New England Medical Center	MA	4
Highland Hospital Rochester	NY	5	Union Hospital	MA	4
St Catherine of Siena Medical Center	NY	5	Anne Arundel Medical Center	MD	5
SVCMC St Vincent's Hospital Manhattan	NY	5	Carroll County General Hospital	MD	5
Our Lady of Lourdes Memorial Hospital	NY	5	Civista Medical Center	MD	5
Jamaica Hospital Medical Center	NY	5	Doctor's Community Hospital	MD	5
Rochester General Hospital	NY	4	Greater Baltimore Medical Center	MD	5
Albany Medical Center Hospital	NY	4	Harbor Hospital Center	MD	5
SVCMC St Mary's Hospital Brooklyn	NY	4	Harford Memorial Hospital	MD	5
Southside Hospital	NY	4	Howard County General Hospital	MD	5
New Island Hospital	NY	4	Laurel Regional Hospital	MD	5
Brookdale Hospital Medical Center	NY	4	Memorial Hospital at Easton	MD	5
New York Comm Hosp of Brooklyn	NY	4	Montgomery General Hospital	MD	5
Erie County Medical Center	NY	4	North Arundel Hospital	MD	5
Millard Fillmore Hospital	NY	4	Northwest Hospital Center	MD	5
St Johns Episcopal Hospital South Shore	NY	4	Southern Maryland Hospital	MD	5
North Shore Univ Hospital at Glen Cove	NY	4	Upper Chesapeake Medical Center	MD	5
Winthrop University Hospital	NY	4	Cary Medical Center	ME	4
Mount Vernon Hospital	NY	4	H.D. Goodall	ME	4
Sound Shore Medical Center Westchester	NY	4	Maine General - Augusta	ME	4
Mount Sinai Medical Center	NY	4	Penobscot Bay Medical Center	ME	4
Mount St Marys Hospital & Health Ctr	NY	4	St Joseph	ME	4
South Nassau Communities Hospital	NY	4	Auburn Memorial Hospital	NY	5
Saratoga Hospital	NY	4	Aurelia Osborn Fox Memorial Hospital	NY	5
Community General Hospital of Syracuse	NY	4	Benedictine Hospital	NY	5
St Elizabeth Medical Center	NY	4	Central Suffolk Hospital	NY	5
Brooklyn Hospital Center at Downtown	NY	4	Glens Falls Hospital	NY	5
Millard Fillmore Hospital at Suburban	NY	4	Good Samaritan Hospital - West Islip	NY	5
Heart Attack			Good Samaritan Hospital of Suffern	NY	5
Danbury Hospital	CT	5	Highland Hospital Rochester	NY	5
Griffin Hospital	CT	5	Jamaica Hospital Medical Center	NY	5
St Marys Hospital	CT	5	John T Mather Memorial Hospital	NY	5
Midstate Medical Center	CT	4	Nassau University Medical Center	NY	5
St Francis Hospital & Medical Center	CT	4	Nathan Littauer Hospital	NY	5
William W Backus Hospital	CT	4	New York Comm Hosp of Brooklyn	NY	5
Anna Jaques Hospital	MA	5	North Shore Univ Hospital at Plainview	NY	5
Berkshire Hlth System - Berkshire Med Ct	MA	5	Northern Westchester Hospital	NY	5
Brockton Hospital	MA	5	Our Lady of Mercy Medical Center	NY	5
Cambridge Health Alliance	MA	5	Park Ridge Hospital	NY	5
Caritas Good Samaritan Medical Center	MA	5	Parkway Hospital	NY	5
Caritas Norwood Hospital	MA	5	Phelps Memorial Hospital Assn	NY	5
Cooley Dickinson Hospital	MA	5	Samaritan Hospital	NY	5
Faulkner Hospital	MA	5	Seton Health System - St. Mary's Campus	NY	5
Hallmark Hlth System - Lawrence Memorial	MA	5	Sound Shore Medical Center Westchester	NY	5
Hallmark Hlth System - Melrose-Wakefield	MA	5	St Johns Riverside Hospital	NY	5
Health Alliance Hospitals Inc.	MA	5	St Josephs Hospital Yonkers	NY	5
Holyoke Hospital	MA	5	St Lukes Hospital of Newburgh	NY	5
Lowell General Hospital	MA	5	SVCMC Mary Immaculate Hospital	NY	5
Marlborough Hospital	MA	5	White Plains Hospital Center	NY	5
Metro West Med Center - Framingham	MA	5	Crouse Hospital	NY	4
Morton Hospital	MA	5	Franklin Hospital Medical Center	NY	4
North Adams Regional Hospital	MA	5	Horton Medical Center	NY	4
North Shore Med Ctr & Salem Hospital	MA	5	Lincoln Medical & Mental Health Center	NY	4
Northeast Hlth Sys- Addison Gilbert Hosp	MA	5	Lutheran Medical Center	NY	4
Northeast Hlth Sys- Beverly Hospital	MA	5	Mary Imogene Bassett Hospital	NY	4
Quincy Hospital	MA	5	Mount Sinai Queens Medical Center	NY	4
Saints Memorial Medical Center	MA	5	New York University Medical Center	NY	4
Winchester Hospital	MA	5	North Shore Univ Hospital at Glen Cove	NY	4
Cape Cod Hospital	MA	4	North Shore Univ. Hospital at Forest	NY	4
Emerson Hospital	MA	4			

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Cianbro's Quality Counts Program - List of Quality Hospitals

Center of Excellence	State	Quality Score*	Center of Excellence	State	Quality Score*
Heart Failure			Heart Failure - continued		
Danbury Hospital	CT	5	North Shore Univ. Hospital at Forest	NY	5
Windham Comm Mem Hosp & Hatch Hosp	CT	5	Nyack Hospital	NY	5
Greenwich Hospital Association	CT	4	Our Lady of Lourdes Memorial Hospital	NY	5
Hospital of St Raphael	CT	4	Parkway Hospital	NY	5
Manchester Memorial Hospital	CT	4	Rochester General Hospital	NY	5
Milford Hospital, Inc	CT	4	Sound Shore Medical Center Westchester	NY	5
George Washington Univ Hospital	DC	5	Southampton Hospital	NY	5
Providence Hospital	DC	4	St Clares Hospital	NY	5
Anna Jaques Hospital	MA	5	St Johns Riverside Hospital	NY	5
Cambridge Health Alliance	MA	5	St Josephs Hospital Yonkers	NY	5
Cape Cod Hospital	MA	5	St Lukes Hospital of Newburgh	NY	5
Caritas Carney Hospital	MA	5	St. Peters Hospital Albany	NY	5
Falmouth Hospital	MA	5	Staten Island University Hosp - North	NY	5
Hallmark Hlth System - Lawrence Memorial	MA	5	The Mount Vernon Hospital	NY	5
Hallmark Hlth System - Melrose-Wakefield	MA	5	Brooklyn Caledonian at Berkley	NY	4
Harrington Memorial Hospital	MA	5	Brooklyn Caledonian at Caledonia	NY	4
Holyoke Hospital	MA	5	Cornwall Hospital	NY	4
Hubbard Regional Hospital	MA	5	John T Mather Memorial Hospital	NY	4
Jordan Hospital	MA	5	Montefiore Medical Center at Henry & Luc	NY	4
Lowell General Hospital	MA	5	Nathan Littauer Hospital	NY	4
Marlborough Hospital	MA	5	St Marys Hospital Amsterdam	NY	4
Merrimack Valley Hospital	MA	5	SVCMC St Marys Brooklyn	NY	4
Milton Hospital	MA	5	United Health Services Binghamton	NY	4
Northeast Hlth Sys- Beverly Hospital	MA	5	Wyckoff Heights Medical Center	NY	4
Southcoast Hlth Sys - Tobey Hospital	MA	5	Heart Valve Replacement		
St. Vincent's Hospital	MA	5	St Francis Hospital & Medical Center	CT	5
Winchester Hospital	MA	5	Yale-New Haven Hospital	CT	5
Caritas Good Samaritan Medical Center	MA	4	Boston Medical Center	MA	5
Caritas Holy Family Hospital	MA	4	Lahey Clinic Burlington	MA	5
Caritas Norwood Hospital	MA	4	Tufts New England Medical Center	MA	5
Lahey Clinic Burlington	MA	4	Beth Israel Deaconess Medical Center	MA	4
Nashoba Valley Medical Center	MA	4	Peninsula General Hospital	MD	5
Southcoast Hlth Sys - St. Luke's Hosp	MA	4	Eastern Maine Medical Center	ME	4
Sturdy Memorial Hospital	MA	4	Albany Medical Center Hospital	NY	5
Union Hospital	MA	4	New York Hospital	NY	5
Anne Arundel Medical Center	MD	5	Rochester General Hospital	NY	5
Atlantic General Hospital	MD	5	St. Peters Hospital Albany	NY	5
Bon Secours Hospital	MD	5	Beth Israel Medical Center	NY	4
Calvert Memorial Hospital	MD	5	Ellis Hospital	NY	4
Fort Washington Medical Center	MD	5	Hip Replacement - Total		
Greater Baltimore Medical Center	MD	5	Hartford Hospital	CT	5
Harbor Hospital Center	MD	5	Lahey Clinic Burlington	MA	5
Harford Memorial Hospital	MD	5	New England Baptist Hospital	MA	5
Howard County General Hospital	MD	5	Northeast Hlth Sys- Beverly Hospital	MA	5
Laurel Regional Hospital	MD	5	Baystate Medical Center	MA	4
Maryland General Hospital	MD	5	Cape Cod Hospital	MA	4
Mercy Medical Center	MD	5	Washington County Hospital	MD	5
Montgomery General Hospital	MD	5	Peninsula General Hospital	MD	4
Prince George's Hospital Center	MD	5	St. Joseph Hospital	MD	4
Southern Maryland Hospital	MD	5	Maine Medical Center	ME	4
Union Hospital of Cecil County	MD	5	St Joseph	ME	4
Washington County Hospital	MD	5	Albany Medical Center Hospital	NY	5
University of Maryland Medical System	MD	4	New York Hosp at Med Center of Queens	NY	5
Franklin Memorial	ME	4	New York University Medical Center	NY	5
Houlton Regional	ME	4	NY Presbyterian Hospital - Columbia	NY	5
St Joseph	ME	4	St Charles Hospital & Rehab Center	NY	5
Albert Lindley Lee Memorial Hospital	NY	5	Buffalo General Hospital	NY	4
Bertrand Chaffee Hospital	NY	5	Faxton Hospital	NY	4
Central Suffolk Hospital	NY	5	Our Lady of Lourdes Memorial Hospital	NY	4
Columbia Memorial Hospital	NY	5	Strong Memorial Hospital	NY	4
Corning Hospital	NY	5	Hysterectomy - Total Abdominal		
Jones Memorial Hospital	NY	5	Baystate Medical Center	MA	4
Kingsbrook Jewish Medical Center	NY	5	Boston Medical Center	MA	4
Lutheran Medical Center	NY	5	Lahey Clinic Burlington	MA	4
Nassau University Medical Center	NY	5	Washington County Hospital	MD	5

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Cianbro's Quality Counts Program - List of Quality Hospitals

Center of Excellence	State	Quality Score*	Center of Excellence	State	Quality Score*
Hysterectomy - Total Abdominal - continued			Irregular Heartbeat - continued		
Eastern Maine Medical Center	ME	4	Montgomery General Hospital	MD	5
Maine Medical Center	ME	4	Shady Grove Adventist Hospital	MD	5
Brookdale Hospital Medical Center	NY	5	Peninsula General Hospital	MD	5
Glens Falls Hospital	NY	5	Holy Cross Hospital	MD	5
Good Samaritan Hospital - West Islip	NY	5	Carroll County General Hospital	MD	5
Lutheran Medical Center	NY	5	Washington County Hospital	MD	5
Oneida Healthcare Center	NY	5	Memorial Hospital at Easton	MD	5
Park Ridge Hospital	NY	5	Sinai Hospital	MD	4
Albany Medical Center Hospital	NY	4	University of Maryland Medical System	MD	4
Buffalo General Hospital	NY	4	St Joseph	ME	4
Champlain Valley Physicians Hospital	NY	4	Maine Medical Center	ME	4
Community General Hospital of Syracuse	NY	4	NY Westchester Square Med Ctr	NY	5
United Health Services CS Wilson	NY	4	New Island Hospital	NY	5
Infant-Premature			University Hospital of Brooklyn	NY	5
Anne Arundel Medical Center	MD	5	Columbia Memorial Hospital	NY	5
NY Presbyterian Hospital - Columbia	NY	5	Parkway Hospital	NY	5
SVCMC St Vincent's Hospital Richmond	NY	4	Nassau University Medical Center	NY	5
Crouse Hospital	NY	4	Woman's Christian Association	NY	5
Strong Memorial Hospital	NY	4	Benedictine Hospital	NY	5
Infant-Premature- Major Problems			St Lukes Cornwall Hospital Newburgh	NY	5
North Shore Univ Hospital at Manhasset	NY	5	Sound Shore Medical Center Westchester	NY	5
Winthrop University Hospital	NY	5	New York University Downtown Hospital	NY	5
Lenox Hill Hospital	NY	5	Phelps Memorial Hospital	NY	5
Strong Memorial Hospital	NY	4	St Charles Hospital	NY	5
Irregular Heartbeat			Southampton Hospital	NY	5
Danbury Hospital	CT	5	SVCMC St Vincent's Hospital Manhattan	NY	5
Greenwich Hospital Association	CT	5	Staten Island University Hosp - North	NY	5
Washington Hospital Center	DC	5	Good Samaritan Hospital - Suffern	NY	5
Sibley Memorial Hospital	DC	4	St Josephs Hospital Yonkers	NY	5
Anna Jaques Hospital	MA	5	Strong Memorial Hospital	NY	5
Brockton Hospital	MA	5	Jamaica Hospital Medical Center	NY	5
Metro West Med Center - Framingham	MA	5	Corning Hospital	NY	5
Holyoke Hospital	MA	5	Orange Regional Medical Center Mditwn	NY	5
Lawrence General Hospital	MA	5	Rochester General Hospital	NY	4
Health Alliance Hospitals Inc.	MA	5	Albany Medical Center Hospital	NY	4
Marlborough Hospital	MA	5	SVCMC St Mary's Hospital Brooklyn	NY	4
Hallmark Hlth System - Melrose-Wakefield	MA	5	Auburn Memorial Hospital	NY	4
North Shore Medical Center-Salem Campus	MA	5	New York Methodist Hospital	NY	4
Winchester Hospital	MA	5	Lutheran Medical Center	NY	4
St. Vincent's Hospital	MA	5	Victory Memorial Hospital	NY	4
Caritas Good Samaritan Medical Center	MA	5	Bassett Healthcare M I Bassett Hospital	NY	4
Caritas Carney Hospital	MA	5	Northern Westchester Hospital	NY	4
Lahey Clinic Burlington	MA	4	Mount Vernon Hospital	NY	4
Franklin Medical Center	MA	4	Lenox Hill Hospital	NY	4
Cooley Dickinson Hospital	MA	4	Mount Sinai Medical Center	NY	4
Caritas Norwood Hospital	MA	4	Nyack Hospital	NY	4
Quincy Hospital	MA	4	South Nassau Communities Hospital	NY	4
Mercy Hospital - Springfield	MA	4	North Shore Univ Hospital at Plainview	NY	4
Morton Hospital	MA	4	Saratoga Hospital	NY	4
Anne Arundel Medical Center	MD	5	St Catherine of Siena Medical Center	NY	4
Bon Secours Hospital	MD	5	University Hospital at Stony Brook	NY	4
Franklin Square Hospital	MD	5	Seton Health System - St. Mary's Campus	NY	4
Greater Baltimore Medical Center	MD	5	Knee Replacement -Total		
Mercy Medical Center	MD	5	Hartford Hospital	CT	5
St Agnes Hospital	MD	5	New Britain General Hospital	CT	5
Harbor Hospital Center	MD	5	St Francis Hospital & Medical Center	CT	5
Suburban Hospital	MD	5	Holyoke Hospital	MA	5
Sacred Heart Hospital	MD	5	Lahey Clinic Burlington	MA	5
Union Hospital of Cecil County	MD	5	St. Vincent's Hospital	MA	5
Frederick Memorial Hospital	MD	5	Baystate Medical Center	MA	4
North Arundel Hospital	MD	5	Cape Cod Hospital	MA	4
Harford Memorial Hospital	MD	5	Morton Hospital	MA	4
Civista Medical Center	MD	5	New England Baptist Hospital	MA	4
Doctor's Community Hospital	MD	5	Southcoast Hlth Sys - St. Luke's Hosp	MA	4
St Mary's Hospital	MD	5	Memorial Hospital at Easton	MD	5

* Score of 5 (3 stars in both quality and cost); Score of 4 (3 stars in quality/2 stars in cost)

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Cianbro's Quality Counts Program - List of Quality Hospitals

Center of Excellence	State	Quality Score*	Center of Excellence	State	Quality Score*
Knee Replacement - Total - continued			Pneumonia - Adult - continued		
Franklin Square Hospital	MD	4	Good Samaritan Hospital	MD	5
North Arundel Hospital	MD	4	Greater Baltimore Medical Center	MD	5
Peninsula General Hospital	MD	4	Harbor Hospital Center	MD	5
Upper Chesapeake Medical Center	MD	4	Harford Memorial Hospital	MD	5
Washington County Hospital	MD	4	Holy Cross Hospital	MD	5
Eastern Maine Medical Center	ME	4	Laurel Regional Hospital	MD	5
Maine Medical Center	ME	4	Mercy Medical Center	MD	5
St Joseph	ME	4	North Arundel Hospital	MD	5
Albany Medical Center Hospital	NY	5	Northwest Hospital Center	MD	5
Mercy Medical at Rockville Center	NY	5	Peninsula General Hospital	MD	5
Sisters of Charity Hospital	NY	5	Southern Maryland Hospital	MD	5
St Charles Hospital & Rehab Center	NY	5	St Agnes Hospital	MD	5
Arnot Ogden Medical Center	NY	4	St Mary's Hospital	MD	5
Buffalo General Hospital	NY	4	Suburban Hospital	MD	5
Champlain Valley Physicians Hospital	NY	4	Union Hospital of Cecil County	MD	5
Community General Hospital of Syracuse	NY	4	Upper Chesapeake Medical Center	MD	5
Community Memorial Hospital Inc	NY	4	Washington Adventist Hospital	MD	5
Faxton Hospital	NY	4	Maryland General Hospital	MD	4
Highland Hospital Rochester	NY	4	Houlton Regional	ME	4
Kenmore Mercy Hospital	NY	4	Mercy Hospital	ME	4
Millard Fillmore Hospital at Suburban	NY	4	Southern Maine Medical Center	ME	4
North Shore Univ Hospital at Manhasset	NY	4	St Joseph	ME	4
Saratoga Hospital	NY	4	Stephens Memorial	ME	4
Pneumonia - Adult			Alice Hyde Medical Center	NY	5
Danbury Hospital	CT	5	Bertrand Chaffee Hospital	NY	5
John Dempsey Hospital	CT	5	Brunswick Hospital Center	NY	5
Bristol Hospital	CT	4	Catskill Regional Medical Center - HAR	NY	5
Charlotte Hungerford Hospital	CT	4	Claxton-Hepburn Medical Center	NY	5
Griffin Hospital	CT	4	Ira Davenport Memorial Hospital	NY	5
Manchester Memorial Hospital	CT	4	Jones Memorial Hospital	NY	5
George Washington Univ Hospital	DC	5	Kingston Hospital	NY	5
Howard University Hospital	DC	4	Lutheran Medical Center	NY	5
Athol Memorial Hospital	MA	5	Medina Memorial Hospital	NY	5
Brockton Hospital	MA	5	Oswego Hospital	NY	5
Caritas Carney Hospital	MA	5	Our Lady of Lourdes Memorial Hospital	NY	5
Caritas Good Samaritan Medical Center	MA	5	St Barnabas Hospital	NY	5
Hallmark Hlth System - Lawrence Memorial	MA	5	St Clares Hospital	NY	5
Hallmark Hlth System - Melrose-Wakefield	MA	5	St James Mercy Hospital	NY	5
Health Alliance Hospitals Inc.	MA	5	St Vincent's Midtown Hospital	NY	5
Holyoke Hospital	MA	5	Staten Island University Hosp - North	NY	5
Lowell General Hospital	MA	5	University Hospital of Brooklyn	NY	5
Mercy Hospital - Springfield	MA	5	Wyoming County Community Hospital	NY	5
Merrimack Valley Hospital	MA	5	Bassett Healthcare M I Bassett Hospital	NY	4
Nashoba Valley Medical Center	MA	5	Bon Secours Community Hospital	NY	4
Noble Hospital	MA	5	Brookdale Hospital Medical Center	NY	4
North Adams Regional Hospital	MA	5	Cabrini Medical Center	NY	4
North Shore Medical Center-Salem Campus	MA	5	Community Memorial Hospital	NY	4
Winchester Hospital	MA	5	Corning Hospital	NY	4
Wing Memorial Hospital	MA	5	Franklin Hospital Medical Center	NY	4
Baystate Medical Center	MA	4	Good Samaritan Hospital - Suffern	NY	4
Brigham and Women's Hospital	MA	4	Good Samaritan Hospital - West Islip	NY	4
Caritas Norwood Hospital	MA	4	New Island Hospital	NY	4
Cooley Dickinson Hospital	MA	4	New York University Downtown Hospital	NY	4
Franklin Medical Center	MA	4	North Shore Univ Hospital at Manhasset	NY	4
Jordan Hospital	MA	4	North Shore Univ Hospital at Plainview	NY	4
Marlborough Hospital	MA	4	Our Lady of Mercy Medical Center	NY	4
Sturdy Memorial Hospital	MA	4	Park Ridge Hospital	NY	4
Tufts New England Medical Center	MA	4	Rochester General Hospital	NY	4
UMASS Memorial Med Ctr-University Campus	MA	4	Sound Shore Medical Center Westchester	NY	4
Anne Arundel Medical Center	MD	5	St Anthony Community Hospital	NY	4
Calvert Memorial Hospital	MD	5	St Johns Episcopal Hospital South Shore	NY	4
Civista Medical Center	MD	5	St Peters Hospital Albany	NY	4
Doctor's Community Hospital	MD	5	UMMC North Street Campus	NY	4
Franklin Square Hospital	MD	5	University Hospital at Stony Brook	NY	4
Garrett County Memorial Hospital	MD	5	Woman's Christian Association	NY	4

* Score of 5 (3 stars in both quality and cost); Score of 4 (3 stars in quality/2 stars in cost)

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Cianbro's Quality Counts Program - List of Quality Hospitals

Center of Excellence	State	Quality Score*	Center of Excellence	State	Quality Score*
Prostatectomy-Tranurethral			Stroke - continued		
Winthrop University Hospital	NY	5	Kings Highway Hospital	NY	5
NY Presbyterian Hospital - Columbia	NY	5	Kingsbrook Jewish Medical Center	NY	5
St. Vincent's Hospital	MA	5	Long Island College Hospital	NY	5
Spinal Fusion			Nyack Hospital	NY	5
Lahey Clinic Burlington	MA	5	Park Ridge Hospital	NY	5
Upper Chesapeake Medical Center	MD	5	Phelps Memorial Hospital Assn	NY	5
North Arundel Hospital	MD	4	Rochester General Hospital	NY	5
Prince George's Hospital Center	MD	4	Samaritan Hospital	NY	5
Washington County Hospital	MD	4	Sisters of Charity Hospital	NY	5
Maine Medical Center	ME	4	Sound Shore Medical Center Westchester	NY	5
Erie County Medical Center	NY	5	St Lukes Hospital of Newburgh	NY	5
Glens Falls Hospital	NY	5	St. Peters Hospital Albany	NY	5
Highland Hospital Rochester	NY	5	Brooklyn Caledonian at Berkley	NY	4
Mercy Medical at Rockville Center	NY	5	Champlain Valley Physicians Hospital	NY	4
Mount Sinai Medical Center	NY	5	Lawrence Hospital	NY	4
New York University Medical Center	NY	5	Lenox Hill Hospital	NY	4
St Charles Hospital & Rehab Center	NY	5	Long Island Jewish Medical Center	NY	4
White Plains Hospital Center	NY	5	Lutheran Medical Center	NY	4
Buffalo General Hospital	NY	4	New York Comm Hosp of Brooklyn	NY	4
Mercy Hospital of Buffalo	NY	4	North Shore Univ Hospital at Manhasset	NY	4
Millard Fillmore Hospital	NY	4	Northern Westchester Hospital	NY	4
Rochester General Hospital	NY	4	NY Presbyterian Hospital - Columbia	NY	4
St Lukes Roosevelt Hospital at Roosevelt	NY	4	NY Westchester Square Med Ctr	NY	4
State University Hospital at Stony Brook	NY	4	Seton Health System - St. Mary's Campus	NY	4
United Health Services Binghamton	NY	4	St Lukes Roosevelt Hospital at Roosevelt	NY	4
Stroke			SVCMC St Marys Brooklyn	NY	4
Middlesex Hospital	CT	4	Westchester Medical Center	NY	4
Norwalk Hospital Association	CT	4	White Plains Hospital Center	NY	4
Washington Hospital Center	DC	4	Wyckoff Heights Medical Center	NY	4
Lawrence General Hospital	MA	5	Syncope		
Mercy Hospital - Springfield	MA	5	St Francis Hospital & Medical Center	CT	4
Metro West Med Center - Framingham	MA	5	Middlesex Hospital	CT	4
North Shore Med Ctr & Salem Hospital	MA	5	Yale-New Haven Hospital	CT	4
Saints Memorial Medical Center	MA	5	Hospital of St Raphael	CT	4
Southcoast Hlth Sys - Charlton Memorial	MA	5	Anna Jaques Hospital	MA	5
St. Vincent's Hospital	MA	5	Beth Israel Deaconess Medical Center	MA	5
Beth Israel Deaconess Medical Center	MA	4	Faulkner Hospital	MA	5
Caritas Good Samaritan Medical Center	MA	4	Lowell General Hospital	MA	5
Mount Auburn Hospital	MA	4	Milford-Whitinsville Regional Hospital	MA	5
Newton-Wellesley Hospital	MA	4	North Shore Medical Center-Salem Campus	MA	5
Southcoast Hlth Sys - St. Luke's Hosp	MA	4	Boston Medical Center	MA	4
Tufts New England Medical Center	MA	4	Lahey Clinic Burlington	MA	4
Anne Arundel Medical Center	MD	5	Cooley Dickinson Hospital	MA	4
Carroll County General Hospital	MD	5	Caritas Norwood Hospital	MA	4
Doctor's Community Hospital	MD	5	Baystate Medical Center	MA	4
Greater Baltimore Medical Center	MD	5	UMASS Memorial Med Ctr-University Campus	MA	4
Holy Cross Hospital	MD	5	Anne Arundel Medical Center	MD	5
Howard County General Hospital	MD	5	Franklin Square Hospital	MD	5
Memorial Hospital at Easton	MD	5	Greater Baltimore Medical Center	MD	5
Montgomery General Hospital	MD	5	Good Samaritan Hospital	MD	5
Northwest Hospital Center	MD	5	St Agnes Hospital	MD	5
Peninsula General Hospital	MD	5	Southern Maryland Hospital	MD	5
Shady Grove Adventist Hospital	MD	5	Frederick Memorial Hospital	MD	5
St Agnes Hospital	MD	5	Doctor's Community Hospital	MD	5
Union Hospital of Cecil County	MD	5	St Mary's Hospital	MD	5
Washington County Hospital	MD	5	Montgomery General Hospital	MD	5
Union Memorial Hospital	MD	4	Shady Grove Adventist Hospital	MD	5
Washington Adventist Hospital	MD	4	Peninsula General Hospital	MD	5
Eastern Maine Medical Center	ME	4	Washington County Hospital	MD	5
Brookdale Hospital Medical Center	NY	5	Memorial Hospital at Easton	MD	5
Brunswick Hospital Center	NY	5	Mercy Medical Center	MD	4
Erie County Medical Center	NY	5	Union Memorial Hospital	MD	4
Hudson Valley Hospital Center	NY	5	Holy Cross Hospital	MD	4
			New Island Hospital	NY	5

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Cianbro's Quality Counts Program - List of Quality Hospitals

Center of Excellence	State	Quality Score*	Center of Excellence	State	Quality Score*
Syncope - continued			Vaginal Delivery - continued		
University Hospital of Brooklyn	NY	5	Mercy Medical at Rockville Center	NY	4
Parkway Hospital	NY	5	New York University Downtown Hospital	NY	4
Long Beach Medical Center	NY	5	New York University Medical Center	NY	4
Northern Westchester Hospital	NY	5	North Shore Univ Hospital at Manhasset	NY	4
Olean General Hospital	NY	5	Nyack Hospital	NY	4
Central Suffolk Hospital	NY	5	Our Lady of Mercy Medical Center	NY	4
St Josephs Hospital Health Center	NY	5	St Catherine of Siena	NY	4
Brookdale Hospital Medical Center	NY	4	St Lukes Hospital of Newburgh	NY	4
Buffalo General Hospital	NY	4	St Lukes Roosevelt Hospital at St Lukes	NY	4
Millard Fillmore Hospital	NY	4	State University Hospital of Brooklyn	NY	4
North Shore Univ Hospital at Glen Cove	NY	4	SVCMC St Marys Brooklyn	NY	4
Sound Shore Medical Center Westchester	NY	4	SVCMC St Vincent's Hospital Manhattan	NY	4
Our Lady of Mercy Medical Center	NY	4	The New York Methodist Hospital	NY	4
North Shore Univ Hospital at Plainview	NY	4	UMMC Genesee Memorial	NY	4
John T Mather Memorial Hospital	NY	4	Winthrop University Hospital	NY	4
SVCMC St Vincent's Hospital Richmond	NY	4			
North Shore Univ Hospital at Syosset	NY	4			
NY Presbyterian Hospital - Columbia	NY	4			
Seton Health System - St. Mary's Campus	NY	4			
Vaginal Delivery					
Brockton Hospital	MA	5			
Cape Cod Hospital	MA	5			
Caritas Holy Family Hospital	MA	5			
Southcoast Hlth Sys - Charlton Memorial	MA	5			
Southcoast Hlth Sys - St. Luke's Hosp	MA	5			
St. Vincent's Hospital	MA	5			
Caritas Good Samaritan Medical Center	MA	4			
Mercy Hospital - Springfield	MA	4			
Mount Auburn Hospital	MA	4			
Frederick Memorial Hospital	MD	5			
Calvert Memorial Hospital	MD	4			
Howard County General Hospital	MD	4			
Memorial Hospital at Easton	MD	4			
Mercy Medical Center	MD	4			
St Mary's Hospital	MD	4			
Inland Hospital	ME	4			
Beth Israel Medical Center	NY	5			
Bronx-Lebanon Hospital Center - Concourse	NY	5			
Corning Hospital	NY	5			
Franklin Hospital Medical Center	NY	5			
Long Island College Hospital	NY	5			
Millard Fillmore Hospital at Suburban	NY	5			
New Island Hospital	NY	5			
North Shore Univ Hospital at Glen Cove	NY	5			
North Shore Univ Hospital at Plainview	NY	5			
North Shore Univ. Hospital at Forest	NY	5			
Oneida Healthcare Center	NY	5			
Oswego Hospital	NY	5			
Our Lady of Lourdes Memorial Hospital	NY	5			
Sisters of Charity Hospital	NY	5			
Sound Shore Medical Center Westchester	NY	5			
South Nassau Communities Hospital	NY	5			
Southside Hospital	NY	5			
St Barnabas Hospital	NY	5			
St Johns Riverside Hospital	NY	5			
Staten Island University Hosp - South	NY	5			
SVCMC St Vincent's Hospital Richmond	NY	5			
SVCMC St. John's Queens Hospital	NY	5			
Victory Memorial Hospital	NY	5			
Auburn Memorial Hospital	NY	4			
Brookdale Hospital Medical Center	NY	4			
Episcopal Hospital St Johns South Shore	NY	4			
Flushing Hospital and Medical Center	NY	4			
Good Samaritan Hospital - West Islip	NY	4			
Mercy Hospital of Buffalo	NY	4			

* Score of 5 (3 stars in both quality and cost); Score of 4 (3 stars in quality/2 stars in cost)

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Cianbro News Release, May 21, 2004.

For Immediate Release
Friday, May 21, 2004

Contact: Dottie Hutchins, APR
(207) 487-3111

Cianbro recognized for best corporate health program in America



ACOEM's John P. Holland, MD, MPH (left) presents Dr. Larry Catlett (right), Cianbro's medical director, and Cianbro Safety Director Alan Burton with ACOEM's Corporate Health Achievement Award.

KANSAS CITY, Mo. (May 6, 2004) — The honors for Cianbro's corporate wellness program continued recently with the announcement that the company received the American College of Occupational and Environmental Medicine's (ACOEM) prestigious Corporate Health Achievement Award for 2004.

The award recognizes organizations that have demonstrated outstanding achievement in employee health, safety, environment, and management. Organizations throughout North America with more than 1,000 employees apply for the award. Cianbro was the sole recipient of this year's award.

Cianbro Safety and Human Resources Director Alan Burton and Dr. Larry Catlett, Cianbro's medical director and owner of Occupational Medical Consulting (OMC) of Leeds, Maine,

accepted the award at ACOEM's annual American Occupational Health Conference in Kansas City, Missouri.

Cianbro, an employee-owned company, launched its wellness program to help its more than 2,000 workers in many ways. In addition to helping Cianbro's workforce become healthier, happier, and more productive, the program also reduces the costs employees, and the company, pay for health care by reducing the need for it.

The company's wellness efforts include comprehensive measures to reduce injuries on the job; extensive intervention and assistance programs for employees who may have substance abuse problems; assistance to employees seeking to shape healthier overall lifestyles for themselves; and careful tracking of many health-related statistics among the workforce to gauge each program's effectiveness. The company even went tobacco-free in 2003 to promote better worker health.

"Cianbro is a leader in understanding and promoting the corporate cultural changes toward health that make wellness a reality in the workplace," said Rita Bubar, Cianbro's corporate human resources manager. "Partnering with Dr. Catlett, Cianbro continues to develop a health preventative services—wellness—program. And, we have constructed a new software tool to drive, manage, and track wellness interventions in the workplace."

Cianbro's long tradition of workplace safety figures into the program as well. The company's safety culture, including extensive employee training in safety practices and procedures, helps to

keep injuries down and worker health up. The newer health and wellness initiatives interlock with this long-standing safety consciousness to bring employee wellness to the next level.

"This is all about improving our people's lives," Cianbro President and CEO Pete Vigue said.

"Today, our company—and this country—are at a crossroads with health care. Our choices are two, accept what the current system and society imposes on us, or motivate ourselves to take control of our health. At Cianbro, our team is taking control and our goal is to be one of the healthiest companies in America."

This award recognizes Cianbro as a national leader in pursuing health and safety in the workplace. Previous winners include the Union Pacific Railroad (2003), pharmaceutical companies Bristol-Myers Squibb and Eli Lilly (2002), computer manufacturer IBM (2002), the National Security Agency (2001), worldwide energy giant GE Power Systems (2000), and aerospace titan Boeing (1998).

ACOEM, an international medical specialty society of more than 6,000 occupational and environmental medicine physicians and other allied health professionals, recognizes the best corporate health programs in America through its sponsorship of the CHAA competition. The Award honors and provides national recognition to North American corporations and institutions exhibiting excellence in employee health, safety, and environmental management, and recognizes the finest health programs in America. Competing organizations are judged on their commitment to, and excellence in, creating comprehensive and innovative health and safety programs. Examiners look for measurable results in 23 quality categories covering four areas – healthy people, a healthy environment, a healthy company, and management and leadership. Founded in 1916, ACOEM provides leadership to promote optimal health and safety of workers, workplaces, and environments. The College is headquartered in Arlington Heights, Ill.

The 2004 winner of AGC's Build America Award, ABC's Excellence in Construction Award, and ACOEM's Corporate Health Achievement Award, Cianbro is one of the East Coast's largest civil and heavy industrial construction companies. Employee-owned, Cianbro is headquartered in Pittsfield, Maine, and serves the eastern seaboard from offices in Pittsfield and Portland, Maine, Bloomfield, Connecticut, and Baltimore, Maryland. Cianbro is recognized nationally for its safety and wellness programs. Founded in 1949 by Cianchette brothers Carl, Ken, Bud, and Chuck, Cianbro is one of the most diversified construction companies in the nation with gross annual sales in excess of \$300 million and over 2,000 team members throughout the eastern United States. Please visit Cianbro's web site at www.cianbro.com.



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HEALTH CARE

Wellness Program Cures Rising Health-Care Costs 7/19/2004

By William J. Angelo

A large heavy civil and industrial contractor in Maine is working hard to become the healthiest company in America. Besides helping employees and dependents become healthier, its wellness program has reduced the open shop firm's burgeoning health-care costs.

Pittsfield-based Cianbro Corp., a 2,000-member employee-owned firm, earns over \$300 million in annual revenue and pays 80% of employees' health costs. Its health-care costs were projected to reach \$20 million by 2004, a huge boost over the \$11.5 million it paid in 2001. "We asked, 'Where is the \$20 million going to come from?'" says Peter G. Vigue, Cianbro president and CEO. "Most firms would look to shift costs to employees or reduce benefits. We found that unattractive. Plus, we have a moral responsibility to our employees so we took a different path."

Cianbro decided in 2001 to institute an employee wellness program, offering a \$1,500 annual incentive for employees and families to join. Over 70% of employees now participate in the voluntary program and more are joining monthly due to success stories, says Vigue.

The firm looked for models to start a program but found none. So officials essentially grew it in-house with independent contractor Occupational Medical Consulting LLC, Leeds, Maine. OMC does full-time, one-on-one educational interventions with employees in order to reduce risky behavior, such as smoking and overeating, and promote healthier life-styles while giving employees the resources for corrective behavior.

"In January 2003, we instituted a tobacco-free workplace to include all our jobsites," says Vigue. "We gave everybody six months notice and there were predictions of problems and resignations, but it never happened. We estimated 46% of our workers smoked and now we're at 20%—but not at the workplace." The ban also applies contractually to subcontractors and suppliers.

OMC believes rising health-care costs are directly related to chronic diseases such as diabetes, heart and lung problems, which are mostly preventable through healthier living. "Now, we do individual health risk appraisals identifying problems and helping employees make small, achievable changes," says Dr. Larry L. Catlett, OMC founder and president.

All employees are tracked on OMC-written software and the firm now is working with Cianbro to link their disability, sick day and absenteeism data to develop a more comprehensive tracking system. "We don't have individual claim costs but we conservatively estimate Cianbro gets a \$3.50 return per dollar on its investment," Catlett says.

Since 2001 health-care costs have remained flat, even when accounting for the \$300,000 for OMC's doctor and educators and an insurance-sponsored 24-hour advice hot line, according to Vigue. Other results are equally impressive: 34% more employees are exercising on a regular basis, and there has been a 20% reduction in overweight employees and dependents, a 33% reduction in hypertension and a 25% reduction in high cholesterol. "We had one person lose over 200 pounds and a number have lost between 25 and 100 pounds," says Vigue.

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Released 5/2/05

American Heart Association Honors Peter Vigue and Cianbro

BANGOR, Maine (April 30, 2005)—The American Heart Association honored Cianbro CEO Peter G. Vigue and Cianbro Corporation with their annual Gold Heart Award at the 2005 Northeastern Maine Heart Ball. Vigue and Cianbro were honored for their leadership and innovative approach to wellness.

The American Heart Association is a national voluntary health agency whose mission is to reduce disability and death from cardiovascular diseases and stroke.

The Heart Ball benefits the American Heart Association, Northeast Affiliate, in its mission to raise awareness and funds to prevent heart disease and stroke, in Maine. Cardiovascular disease is devastating to Maine families, and the associated healthcare costs directly impact local businesses as well as our state's economy.

Elizabeth Hansen, 2005 Heart Ball chairwoman and director of marketing for the Bangor Daily News, said, "The American Heart Association is delighted to honor Peter Vigue and the

Contact

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Send an e-mail message to Dottie Hutchins, APR
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Cianbro Corporation. Peter Vigue's pioneering spirit and leadership not only extends throughout the Cianbro organization, but all across Maine—and actually throughout the whole country!"

Hansen added, "Peter Vigue and Cianbro have set the standard when it comes to the importance of wellness in the workplace. Many individuals and organizations are striving to emulate the progress they have made, and the example they have set. We are thrilled to honor Peter Vigue and Cianbro this year, and add them to the list of distinguished recipients of the American Heart Association's Gold Heart Award!"

"We are humbled by this award," said Vigue. "And, we are deeply honored to be recognized by the American Heart Association, an important organization, which supports major, cutting-edge research projects at facilities right here in Maine. Working together, we can all help make Maine the healthiest state in our country."

Rita Bubar, Cianbro corporate human resources manager, said, "We are delighted by this award. It is wonderful to work for a company that invests in their people the way Cianbro does. Pete leads by example and through his support of high-quality programs, which allow our people to take care of themselves. Instead of cutting, we are able to increase benefits for prevention and wellness—and we get a break on healthcare costs in the process."

Cianbro's Wellness Story: Your health, your life, your future ... take control!

Peter Vigue's strong commitment to workplace safety made Cianbro a national leader in safety and now, wellness. In the late 1980s, Cianbro pioneered the modern safety harness and other safety innovations making the devices and processes company policy a full decade before being adopted as industry standards.

In the late 1990s, Cianbro led the



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industry again; this time with wellness. Dedicated to the safety and health of their people 24/7, Cianbro adopted a Healthy LifeStyles™ Program, which is guided by a unique team of Cianbro human resources professionals and medical partner, Occupational Medical Consulting of Leeds, Maine.

Besides helping team members and dependents become healthier, Cianbro's wellness program has reduced the company's healthcare costs. The 2,000-owner-member company pays 80% of their team members' healthcare costs. In 2001, Cianbro paid \$11.5 million in total health costs with the prediction that number would double in three years.

In Pete's mind, something had to change. So, in 2001, at a time when most companies either shifted costs to employees or reduced benefits, Pete and Cianbro's wellness team took a different approach. Adding one-on-one health educators to the program; software to track individual health risk appraisals; and, a \$1,500 annual incentive for team members and families to join, Cianbro actively embraced the goal of becoming one of the healthiest companies in America. In 2003, Cianbro became a tobacco-free worksite.

During the years since 2001, Cianbro's wellness investment has grown; adding more educational and coaching services, as well as paying 100% of preventative testing (with zero deductibles) for team members. Yet, during those same years, the company's healthcare costs—which include these added benefits—have either remained flat or experienced only a slight increase, well below the national average. Meanwhile, other companies, and their employees, have been struggling with skyrocketing health costs. Wellness works.

"We have a moral responsibility to our people," said Vigue. "When we looked for a wellness model and found none, we did not give up. We knew that by helping our people make small,

achievable improvements in their health, they—and their company—would be better off. It's the right thing to do."

In 2004, Cianbro was recognized as the 'healthiest company in America' by the American College of Occupational and Environmental Medicine (ACOEM) for its corporate health plan. Cianbro was also recognized last year by the Wellness Councils of America (WELCOA) with the Gold Level of Achievement in their Well Workplace Awards Initiative.

About Pete Vigue: Peter G. Vigue lives each day with urgency, passion, and conviction. His energy, love of life, ability to motivate people, and willingness to tackle what others often consider the impossible, have allowed him to accomplish much and touch the lives of many. With a B.S. Degree in Marine Engineering from Maine Maritime Academy, Pete Vigue joined Cianbro in 1970 working his way through the ranks to become president in 1991 and CEO in 2000. Pete's leadership has grown Cianbro from a small, family-owned enterprise to a mid-sized, employee-owned, growth company with gross annual sales in excess of \$300 million.

About Cianbro: Cianbro is one of the East Coast's largest civil and heavy industrial construction companies. Employee-owned, Cianbro is headquartered in Pittsfield, Maine, and serves the eastern seaboard from offices in Pittsfield and Portland, Maine, Bloomfield, Connecticut, and Baltimore, Maryland. Cianbro is recognized nationally for its safety and wellness programs. Founded in 1949 by Cianchette brothers Carl, Ken, Bud, and Chuck, Cianbro is one of the most diversified construction companies in the nation with gross annual sales in excess of \$300 million and over 2,000 team members throughout the eastern United States. Please visit Cianbro's web site at www.cianbro.com.



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STATE OF MAINE
DIRIGO HEALTH AGENCY

IN RE:)	EXHIBIT ____
)	
DETERMINATION OF AGGREGATE)	
MEASURABLE COST SAVING FOR)	PREFILED TESTIMONY OF
THE SECOND ASSESSMENT YEAR)	MAUREEN KENNEY
(2007))	
)	
)	
)	March 22, 2006
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1 **Q. Please state your name, position and responsibilities for the record.**

2 A. My name is Maureen Kenney. I am Manager of Integrated Health Services at Bath
3 Iron Works, which includes the health-related benefit plans and health and wellness
4 activities. My responsibilities at BIW also include the development and
5 implementation of approaches aimed at improving the quality of medical care
6 received by BIW families, and developing employees and family members as critical
7 consumers of healthcare. I am in charge of a variety of activities related to this
8 responsibility, for example, I am in charge of managing key health plan vendors and
9 the programs they deliver to BIW employees and families. I chair the Joint
10 Committees on Healthcare Costs and Quality with our four labor organizations. I am
11 responsible for coordinating our communication efforts with BIW employees and
12 families on the choices they need to make around health plan options during our
13 Annual Enrollment period. I actively participate on Maine Health Management
14 Coalition committees and serve as chair of their Employee Activation Steering
15 Committee, as well as serving on a variety of Pathways to Excellence committees. I
16 am also on the Board of the Maine Health Data Organization and the Maine Health
17 Information Center.

18 **Q. How would you describe your healthcare strategy?**

19 A. Our most productive employees are healthy people who function well at home and in
20 the community. Therefore, our vision is quite simple. In order to build ships
21 productively, we need our employees to be healthy, both in body and in mind. We
22 also know that when our employees are not well and need to access the medical
23 system in Maine, they do so with limited information on quality and cost. We also

1 know that about 30% of all direct healthcare costs are due to poor quality, and on top
2 of that, about 50% of all healthcare costs are the result of unhealthy lifestyle
3 behaviors such as obesity, smoking, and substance abuse. Therefore, we believe that
4 there is a strong business case for targeted strategies designed to address unhealthy
5 behaviors, and when services are needed, they produce positive quality and cost
6 outcomes. Our targeted approaches recognize that in order to get our arms around
7 cost, we need behavioral change on the part of all the healthcare constituents,
8 including ourselves as purchasers of healthcare, the healthcare providers and our
9 employees and families.

10 **Q. Can you describe briefly Bath Iron Works work force?**

11 A. The workforce is 91% male. Our average age is 48 years, and our average length of
12 service is 20 years. Since we have little turnover and have not done a significant
13 amount of hiring over the past five years, the average age of our work force has
14 increased every year.

15 **Q. What is the number of employees that are covered by your health plan?**

16 A. We have a little over 5,600 employees as of March 2006. There are approximately
17 6% that do not opt to use our health plan because they have healthcare coverage
18 elsewhere.

19 **Q. How about with dependents who are also on the plan and retirees, etc.?**

20 A. We have about 1.6 dependents for every employee, which puts us at about 14,500
21 total covered lives.

22 **Q. You mentioned a focus on quality as part of your core responsibility. Is cost also**
23 **a concern to Bath Iron Works?**

1 A. Cost is definitely a concern, however we believe that strategies focused solely on cost
2 containment are not effective, and we've chosen to emphasize the quality of
3 healthcare as a more meaningful and sustainable approach. We believe that we must
4 work with the provider community, health plans, and other employers to measure and
5 report on the quality of healthcare. We believe that by publishing this information to
6 our employees we will drive improvements in healthcare quality in the local market,
7 and as a result it will be a better cost outcome for everyone.

8 **Q. Are there any national studies to support your view that quality and cost are**
9 **related? In other words, that poor quality, for example, increases cost?**

10 A. There are several studies that I am familiar with. First, the Midwestern Business
11 Group on Health and the Juran Institute Study estimated that approximately 30% of
12 all health care costs are driven by poor quality and inefficiency. And, what that
13 equated to in 2003 dollars was about \$1,700 per employee per year in additional and
14 unnecessary cost. Certainly the often quoted Institute of Medicine statistic that up to
15 98,000 people die each year in America's hospitals from preventable medical errors
16 has a human and financial cost associated with it. There is the Leap Frog Group that
17 is promoting evidence-based practices that have research behind them suggesting if
18 hospitals implement certain safety practices they will significantly reduce their error
19 rates. Dr. Judith Hibbard from the University of Oregon has published research
20 findings that indicate making quality information public results in significantly more
21 quality improvement efforts at hospitals, more so than if the quality metrics were just
22 used for internal reporting purposes. Also, the RAND study published in the New
23 England Journal of Medicine in 2003 concluded that patients receive care

1 recommended by medical evidence only about 50% of the time, so we have
2 concluded from this study that there is a lot of unnecessary dollars associated with
3 suboptimal care and therefore a lot of opportunity to reduce cost by improving
4 healthcare quality. Just this week I read a news release from the Michigan Health &
5 Hospital Association on a two-year project in Michigan that focused on ICU safety.
6 Through the efforts of 120 Michigan ICU's and 70 Michigan hospitals implementing
7 practices known to improve patient safety, they estimate that over 1,500 lives were
8 saved, with a health care dollar savings of \$165 million.

9 **Q. You mentioned that you are responsible for developing and implementing**
10 **programs aimed at improving the quality of medical care received by your**
11 **employees. Can you describe what types of programs you have put in place?**

12 A. The way I describe our approach is one of engagement. We have four groups we try
13 to engage in a meaningful way; our employees and family members, our union
14 leadership, providers in our local healthcare market, and national resources. For our
15 employees, we work with CIGNA to ensure the right programs are in place, such as
16 disease management, catastrophic case management, health risk assessments, mail
17 order pharmacy. We have our health and wellness program, Building Healthy Ways,
18 which is a collaboration with all four unions and management to promote concepts of
19 accountability for your own health status, and ideas for how to better self-manage
20 conditions you may have; this program effectively engages not only our employees
21 and families, but the union leadership as well. It is designed to improve the overall
22 health of our employees and family members. This is a win-win for everyone, since
23 our employees realize better health outcomes and are more productive at home and

1 work. We also have Joint Committees on Healthcare Costs and Quality with our four
2 unions, whose primary focus is working with providers on quality and safety of
3 medical care. As for the healthcare market, we have done a number of outreach
4 efforts to engage the physicians who treat BIW employees and families by offering
5 shipyard tours, and sending out a Resource guide that explains our major
6 manufacturing jobs, ergonomic accommodations, etc. We are also actively involved
7 as a member of the Maine Health Management Coalition, an organization focused on
8 the measurement and reporting of quality data to inform employer and employee
9 decisions about healthcare. As for leveraging national resources, we are a member of
10 Leapfrog and the National Business Group on Health.

11 Over the past few years, BIW has been recognized for our outstanding efforts
12 by a number of state and regional groups. For example, in 2004 we received the New
13 England Employee Benefits Council Best Benefits Practice Award for our
14 comprehensive healthcare and health and wellness programs and efforts to outreach
15 to our employees and families. In 2005, we received the ACCESS Health - Healthy
16 Maine Partnership Excellence Award for Healthy Eating & Active Living. And in
17 2006 we received the Governor's "Contest for Communities" Award on Physical
18 Fitness, Sports, Health & Wellness. I think it's ironic that the state of Maine is
19 recognizing employers for implementing programs promoting Health and Wellness,
20 but is unwilling to acknowledge the potential financial impact this has on overall
21 healthcare spending.

22 **Q. Do you believe that any of your activities have been effective at deriving cost**
23 **savings for Bath Iron Works?**

1 A. Cost avoidance is a more accurate term, and I do believe that our health claims
2 experience is lower because of our efforts, that our trends are lower than they
3 otherwise would have been. When I started in this capacity two years ago, I looked at
4 a number of national studies to validate that what we already had in place were the
5 right programs, and to look for areas where we might do things differently. One of
6 the studies was published in 2003 by Watson Wyatt and the Washington Business
7 Group on Health. The study identified a subset of high performing organizations that
8 have beat their health care budget projections and maintained high levels of employee
9 satisfaction with their benefit plans. They identified practices used by these high
10 performers, such as helping employees be more informed consumers, using benefit
11 design more effectively, planning and strategizing about healthcare. The Corporate
12 Leadership Council also came out with a similar study in 2002 that outlined key
13 strategies for employers to effectively manage costs, such as plan design, cost sharing
14 and employee lifestyles. BIW's healthcare strategy is consistent with the
15 recommendations from these two studies.

16 **Q. Can you point to some specific examples of cost avoidance realized through your**
17 **efforts?**

18 A. I can point to several examples where we've calculated cost avoidance or in some
19 other ways documented a positive change in behavior among our covered lives. I'll
20 start with a modest example. In 2003, BIW sent out a Well Informed Self Care book
21 to all BIW households, and later that year surveyed households to find out how the
22 books were being used. Many of the respondents indicated that they were able to
23 avoid an unnecessary doctor or emergency room visit. We estimated the cost

1 avoidance from that one item was close to \$100,000. A much more significant
2 example is our disease management program. Based on our high participation rate of
3 those with low back pain, asthma, diabetes, and coronary heart disease, CIGNA
4 estimated that from mid-year 2003 to 2004 we realized a reduction in spending of
5 \$1.6 million. CIGNA's catastrophic case manager also estimated about \$400,000 in
6 savings based on her interventions in 2004. We have a cancer management program
7 in place through Quality Oncology, with estimated savings based on their case
8 management services of nearly \$400,000 over two years. I also can tell you that from
9 2003 to 2004, BIW covered lives increased the number of Preventive Visits and
10 Preventive screenings they had, and I believe that this is a direct result of our
11 Building Healthy Ways promotion on the importance of these visits.

12 **Q. Can you think of other examples where you know you've had an impact but may**
13 **not be able to directly attribute savings to them?**

14 A. The Joint Healthcare Committee in 2004 published a Hospital Report Card on key
15 measures of quality and safety. The response from our employees was positive, the
16 response from the medical community was, at best, guardedly positive and at worst, a
17 mixed reaction depending upon where their hospital rated. After meeting with
18 several CEO's following the publication of the report card, I can tell you that it
19 generated a lot of discussion among hospital senior staff and Boards of Trustees, and
20 resulted in heightened quality improvement activities. This is consistent with Dr.
21 Hibbard's research findings about the impact of publicly reporting quality metrics on
22 hospital quality improvement activity.

1 **Q. In your opening comments, you mentioned your involvement with the Maine**
2 **Health Management Coalition. Can you please explain what your activities are**
3 **with the Coalition?**

4 A. I serve as a committee member on their Pathways to Excellence Program and as chair
5 of their Employee Activation Committee.

6 **Q. Do you believe that any of the Coalition activities have been effective at deriving**
7 **cost savings for employers like Bath Iron Works?**

8 A. Because of Coalition efforts, we have a statewide website that reports on primary care
9 physician and hospital quality measures, and a coalition-wide claims database. BIW
10 and other employers rely on the website and database to better understand what's
11 going on in the healthcare market in the state, and we direct our employees to the
12 coalition website for useful information they can use to make informed decisions.
13 We are also participating in two pay-for-performance initiatives involving the
14 Coalition data. The first was a joint pilot program between BIW, Maine Municipal
15 and CIGNA. We established a bonus pool and rewarded top PCP offices based on
16 Coalition Pathways to Excellence measures. We are also participating in a Hospital
17 Incentive and Reward Pilot program that will conclude at the end of this year. We
18 have concluded that giving providers incentives on the right quality metrics will lead
19 them to invest in ways to improve the care they provide to our employees.

20 **Q. Does BIW support the DIRIGO initiatives?**

21 A. From the start, BIW has been very supportive of the DIRIGO principles and concepts.
22 Our management team has worked cooperatively with all of the various
23 constituencies to try to make the DIRIGO initiative work. My boss, Dan Roet, has

1 been and continues to be a member of the Maine Quality Forum Advisory Council,
2 and participated in the Working Group convened by the Superintendent of Insurance
3 last year to try to reach consensus on a number of outstanding issues, including
4 agreement on how to measure cost savings. We continue to support the goals of the
5 Dirigo Health Reform Legislation of 2003. However, we believe that fundamental
6 changes to both the funding of the Dirigo Health program and to the DirigoChoice
7 product itself must be made if the program is to achieve the goals of reduced cost,
8 increased access and improved quality and be viable and sustainable into the future.

9 **Q. Why is BIW concerned with the funding method, in particular, the methodology**
10 **for determining savings and the resultant assessment on paid claims?**

11 A. With last year's savings determination, the objectives of BIW that were not met
12 included: (1) the methodology used to measure the aggregate savings resulting from
13 the DIRIGO initiative must be reasonable and based on credible and verifiable data
14 and could not be arbitrary and capricious, and (2) the cost savings used for the SOP
15 must be as the result of Dirigo programs and not allow Dirigo to take credit for other
16 private cost savings initiatives and (3) the savings generated by DIRIGO needed to
17 work their way through the entire health care system, that is they must be actually
18 realized by providers and find their way back to the payors. If any of these conditions
19 was not met, and they were not, then even though these payments would be
20 categorized by legislation as savings offset payments, they are really just another tax.
21 We have similar concerns for this year's savings determination.

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STATE OF MAINE
DIRIGO HEALTH AGENCY

IN RE:)	EXHIBIT ____
)	
DETERMINATION OF AGGREGATE)	
MEASURABLE COST SAVINGS)	PREFILED TESTIMONY OF
DETERMINED FOR THE SECOND)	LINDA LEVESQUE
ASSESSMENT YEAR (2007))	
)	
)	
)	March 22, 2006
)	

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1 **Q. Please state your name, your position at UnumProvident and your**
2 **responsibilities in that position.**

3 A. My name is Linda Levesque. I am Vice President of Human Resources Benefits at
4 UnumProvident. I am responsible for the strategy, design and management of all of
5 the benefit programs that UnumProvident offers to its US employees.

6 **Q. How long have you been in that position at UnumProvident?**

7 A. About four years.

8 **Q. Were you at UnumProvident before that as well?**

9 A. Yes I was.

10 **Q. And, in what capacity?**

11 A. I was the Assistant Vice-President of Benefit Strategy and Design.

12 **Q. How long have you been in the benefits area at UNUM in total?**

13 A. Since 1994.

14 **Q. Let's talk a little bit more about UNUM's workforce. Please describe your**
15 **workforce size, number of covered lives, and related information.**

16 A. We have 12,000 employees located in almost all of our 50 states. Our prime
17 locations are Portland, Maine; Chattanooga, Tennessee; Worcester, Massachusetts;
18 Columbia, South Carolina; and Wayne, Pennsylvania.

19 **Q. How many employees do you have here in Maine?**

20 A. We have approximately 3,000 employees here in Maine.

21 **Q. Do you have any idea how many covered lives that represents with spouses and**
22 **families?**

23 A. We have about 5,500 members in Maine.

1 **Q. What is your overall health care strategy for your employees?**

2 A. Our healthcare strategy really has four components and they all run concurrently.
3 One part of our strategy is to manage our health care delivery and costs. A second
4 party of the strategy is to maintain a healthy workforce. The third part is to promote
5 employee accountability. And the last part is to focus on high cost participants. The
6 strategy really does incorporate a basic principal that maintaining or improving one's
7 health is really the key to lowering our health care costs - for both the company as
8 well as the employee. To maintain a healthy workforce we are really looking to
9 maintain that healthy workforce as well as to support and encourage healthy lifestyles
10 by providing tools, programs and resources that support individual efforts to use
11 health care effectively and efficiently.

12 **Q. Let's talk about the four components you just mentioned. In managing and**
13 **dealing with your health care costs, the second component seems to be a pretty**
14 **key component - maintaining the health of your workforce. What sort of**
15 **programs or initiatives do you have in place to further that component?**

16 A. We introduced a Health Resource Center in March of 2005. The Health Resource
17 Center is focused on maintaining the health of our employees, and it is not just
18 concerned with keeping healthy employees healthy; it is also very focused on helping
19 employees who already have various lifestyle risk factors manage those risk factors
20 so they do not turn into one of our high cost participants. The Health Resource
21 Center is staffed by a professional nurse, who provides for example personal health
22 coaching and nutritional guidance and counseling to help our employees develop and
23 maintain a nutritional diet. They also recommend exercise programs and refer

1 employees to our on-site fitness facility to help maintain weight or as an incentive to
2 lose weight as a result of personalized programs are developed at the resource center
3 based on the employee's needs. Along those lines, we also have regular monitoring
4 of blood pressure and cholesterol. We also have our employees do health risk
5 assessments, and when a risk is identified through that health risk assessment, they go
6 to the Health Resource Center, and the nurse works with them one-on-one to develop
7 a personalized program to help them modify the behavior that is contributing to their
8 health risk. For our employees who may have a chronic condition, such as asthma,
9 the Health Resource Center will work with them to make certain they manage their
10 condition appropriately and take advantage of everything that is available, not only
11 through the company and our health plan program, but also through community
12 resources.

13 **Q. Just to confirm, this Health Resource Center is available right here in Maine?**

14 A. Yes it is.

15 **Q. So basically an employee would complete a health risk assessment to identify**
16 **potential issues and risk behaviors and then the resource center will develop a**
17 **plan from there?**

18 A. That is right. They may walk down to Health Resource Center with their health risk
19 assessment, which is strongly encouraged through incentives to fill-out, and a
20 personalized plan is developed and carried-out to improve on the risk areas.

21 **Q. What kind of incentives are in place to encourage participation? Are there**
22 **incentives to participate in the Health Resource Center program?**

23 A. There are indeed incentives to participate in the health risk assessment.

1 What we do is we prediscount our premiums, assuming everyone is concerned about
2 finding out as much information as they can about their health. If our employees do
3 not complete the health risk assessment by July 1 of each year, then their premium
4 rates increase \$5 a paycheck. For those employees who have chronic conditions, they
5 are also encouraged, through discounted premiums, to participate in our disease
6 management programs, which partner with our Health Resource Center to manage
7 that particular condition. Again, if they are invited but don't participate, their
8 premiums go up \$5 a paycheck.

9 **Q. So that is an example of the accountability piece?**

10 A. Absolutely.

11 **Q. In terms of managing and dealing with costs, what information do you provide**
12 **your employees?**

13 A. Our communications relating to cost have focused on building awareness amongst
14 employees about the true cost of health care. Pricing transparency issues have
15 focused in on what's the real cost of health care. For instance, what is the total cost
16 to have a baby, and what does it really cost for an MRI, so that they can have a
17 discussion with their doctor and be involved in the decision on whether a particular
18 course of treatment is necessary or what the alternatives may be. We also provide a
19 fair amount of education on the real cost of prescription drugs.

20 **Q. Do you believe that the Health Resource Center and its various components has**
21 **had any impacts in terms of your dealing with employee health care costs?**

22 A. It absolutely has. We don't have all of the statistics we would like to have because
23 we are just getting the data included into our data warehouse, but we do know that

1 30% of our employees are taking advantage of the Health Resource Center on a
2 regular basis.

3 We also know that because of the health risk assessment incentive, a number
4 of employees did go to the Health Resource Center to have their cholesterol taken or
5 their blood pressure taken, and a number of them discovered they do have cholesterol
6 problems and/or blood pressure problems, and started working with the nurse to
7 manage those conditions. We also have testimonials from our employees where the
8 interaction with the nurse and the Health Resource Center has identified some
9 potentially life savings situations. We will have more data soon, but in the integration
10 process we are able to separate out utilization and cost of health care services for
11 utilizers of the Health Resource Center and non-users of the Health Resource Center.
12 We will be able to separate our two populations to see whether or not there is any
13 difference, for example, in the use of hospitals or high cost procedures.

14 The other thing that has happened in conjunction with the opening of the
15 Health Resource Center and the very clear communication to our employees on the
16 four prong approach to managing health care costs and their role as an employee,
17 every year we offer a program that combines both a weight challenge and a walking
18 challenge. It is team oriented and employees sign up to participate in what we call a
19 "move it and lose it" program. We give awards for the team that moves it the most
20 and the team that loses the most. And this year the teams that participated literally
21 walked enough miles to walk around the world three times.

22 **Q. What I am hearing is that it may be a little early in terms of analyzing the data**
23 **to see if you are affecting changes in claim trends, but you at the very least have**

1 **a fair amount of empirical information that leads you to believe that these**
2 **programs are indeed having a positive impact on your health care costs?**

3 A. Absolutely. Right now we are focusing on ensuring participation and active
4 engagement. We are trying to create awareness that it is possible to make change in
5 terms of your life style choices and that these changes will have an impact on longer
6 term health care costs.

7 **Q. Let's talk about Dirigo. Does UnumProvident support Dirigo, and if you have**
8 **any concerns, if you could explain those as well.**

9 A. We absolutely support the concept of Dirigo. We whole-heartedly agree that it helps
10 everyone to get those people who are uninsured into the system so that they are taking
11 advantage of preventative services and getting the right service at the right time.
12 UnumProvident absolutely supports that concept. We do have a concern with the
13 funding mechanism and that is really what our concern is.

14 **Q. Could you please be a little more specific on the funding piece?**

15 A. As a self-insured employer, for Dirigo to come back to us and say that they are going
16 to assess us 2.40% of our claims because of the savings we received from Dirigo is
17 not logical. Savings from Dirigo are reflected in lowering the trend increase, and I
18 have already built those savings into my medical trend for the coming year.
19 An example of how trend increase differs across our locations is in the price of
20 maternity. We are a 70% female organization, and we tend to be 70% female in all of
21 our locations. Because of this, maternity tends to be about 10% of our claims cost.
22 We compared what happened with the price of maternity care in Chattanooga
23 Tennessee vs. Portland, and from 2004 to 2005, the price, this is not utilization, this is

1 pure price, the price for maternity care went down 4% in Chattanooga and it went up
2 9% in Portland. The price comparison included only normal pregnancies.

3 **Q. What year does that data cover?**

4 A. It covers all of 2004 to all of 2005. Calendar year to calendar year.

5 **Q. That is 2005 data from Maine - up 9%?**

6 A. Yes, and we did run that report on a covered charges basis so that we would remove
7 any effects of any benefit changes and internal cost shifting to employees so this is
8 pure covered charges compared to covered charges. Even assuming there were some
9 savings due to Dirigo Health, which in our case is really avoided future cost, that
10 would be telling me that maybe without Dirigo I would have seen my normal
11 maternity price increase 10.5%, and it only went up 9%. We have no evidence that
12 that is actually the case; nonetheless, my point is that, even assuming some avoided
13 future cost, the 9% trend increase is what has been reflected in my premium rates, not
14 the 10.5% that it might have been.

15 **Q. Is there anything you would like to add?**

16 A. Yes, I would like to just add that our efforts are not going unnoticed and
17 unrecognized. Recently, we were recognized as a best employer for health lifestyles.
18 I believe our application for this recognition comprehensively sets forth
19 UnumProvident's efforts in promoting wellness and managing health care costs. I
20 have included this application as an exhibit to my testimony. See Attachment A
21 attached hereto. The point here that we would like to make is that Dirigo is not the
22 only factor or the only effort put forth in this state that may reduce health care costs
23 or produce savings to the health care system.

Best Employers for Healthy Lifestyles
Application Submitted by UnumProvident

Part I – Strategy

In 2003 UnumProvident developed an integrated, long-term health care strategy to achieve lower and more predictable cost trends in the company's health insurance plan over a sustained period of time. We knew that a strategy focused primarily on continued cost shifting to employees, through plan design and premium increases, could not achieve long term cost containment. We needed to move away from a focus on the management of numerous benefit designs and vendors. In order to build an effective platform to launch our strategy, we consolidated 12 HMO and POS health insurance plans into one national plan, which includes 100% coverage for preventive care and screenings, effective January 1, 2003. The components of our health care strategy are:

- Manage health care delivery and cost
- Maintain a healthy workforce
- Promote employee accountability
- Focus on high cost participants

Our health care strategy incorporates the principle that maintaining or improving one's health is a key to lowering health care costs for the company and employees. To maintain a healthy workforce, and "support and encourage healthy lifestyles for employees," UnumProvident's new Health Resource Centers (HRCs) opened at three major corporate locations in March, 2005. UnumProvident aims to be an employee's principle source for tools, programs, and resources that support individual efforts to use health care effectively and efficiently. We believe that high quality health care includes

an educational dimension, and UnumProvident can actively promote that broader definition of health care. In order to build a culture of health and to support and encourage healthy lifestyles for employees, we have created a model that can now maximize our financial investment in employee health and well-being.

The new Health Resource Centers integrate all aspects of the health care strategy. The HRCs bring the strategy to life “on the ground.” Each Health Resource Center replaces a pre-existing on-site medical clinic. The former medical clinics provided over-the-counter medications and a variety of acute care services, such as the diagnosis of strep throat or other infections. However, the old medical clinics were disconnected from the health care strategy.

The Health Resource Centers offer educational sessions, such as classes for nutrition, smoking cessation, self-care, and Lunch-n-Learns. A priority is to conduct classes that attract the healthy, in addition to employees who want to reduce risks. To address employees’ needs across the health status spectrum, the R.N. in each Health Resource Center is also linked to our disease management vendor to help employees manage chronic medical conditions. The disease management programs focus on actionable health conditions, such as diabetes, adult and pediatric asthma, hypertension, coronary artery disease, rheumatoid arthritis, and COPD. The nurses at the disease management company can refer employees directly to the Health Resource Center for individual support of personal action plans. When a UnumProvident employee “graduates” from the disease management program, the end result is often the behavior change that leads to a healthy lifestyle. Employee accountability is promoted through the employee’s active participation in the appropriate targeted intervention.

UnumProvident's on-line health assessment survey is another important underpinning of our strategy to support and encourage healthy lifestyles for employees. The survey is grounded in evidence-based clinical guidelines. When an employee completes the assessment, the survey provides meaningful feedback about possible (or actual) health risks, and relevant recommendations for behavior and lifestyle change. The employee is able to bring a "Health Sheet Report" to his or her own physician for follow-up care. The survey can help to strengthen communication between employees and their physicians, an important dimension of health care consumerism. The assessment survey asks for vital numbers, and the nurse at the Health Resource Center can provide assistance to employees with biometric screenings, such as blood pressure, glucose and cholesterol levels. Most importantly, the nurse in the Health Resource Center is the employee's advocate for behavior change when a risk is identified, or when the risk can be entirely avoided.

HRC nurses will encourage the use of the health insurance plan's web site and the multitude of health topics available there. The HRC nurses will also take advantage of community resources and the Employee Assistance Program. And for those employees who require injections or specialty injectibles to manage chronic, complex conditions, the nurses provide the necessary care.

The UnumProvident employee population is over 70% female, and maternity claims represent approximately 10% of our health costs. The HRCs will dedicate programs and classes to pre-natal education and support. The HRC nurses are also linked to our "Healthy Babies" program, and can assist employees to develop personal action

plans if they are enrolled in pre-natal case management through our health insurance plan.

We fully expect that over time our employees will help us to identify the programs, classes, and activities that they value most highly. “Interest surveys” will be sent out periodically by the contracted vendor to encourage employee feedback.

UnumProvident’s on-site physical fitness facilities, situated in our three major locations, as well as a Work/Life balance program, on-site Weight Watchers, and a number of sports league programs, have enjoyed employee support for many years. These resources have been integrated into our health care strategy through a new corporate reporting structure. We recognize that in order to promote employee behavior change and the adoption of healthy lifestyles, it is imperative that UnumProvident offer a broad range of activity options to encourage employee participation.

We must measure the effectiveness of the strategy. The implementation process to open the Health Resource Centers coincided with the installation of a data warehouse capability. The decision support tool gives us access to aggregate data generated by every component of the health care strategy and produces reports using medical and pharmacy claims data. Moreover, the support tool integrates data collected from our disease management programs and on-line health assessment survey. And most importantly, the decision support tool will receive data feeds from the Health Resource Centers to integrate encounter data with participants’ medical and pharmacy claims!

Our CEO, Tom Watjen, and the entire Senior Management team, are committed to improving the health of employees. The commitment was firmly demonstrated in 2003 when the company approved our long-term health care strategy. Senior

Management agrees that short term strategies, such as benefit cut-backs or other cost shifting tactics, do not address root causes of the health care cost crisis. Conversely, Senior Management is committed to what is seen as the real opportunity, to help employees manage or avoid health risks, and improve their well being. In 2004 the company approved the significant financial commitment to operate the Health Resource Centers, and endorsed both the underlying principles and the day-to-day programming of the HRCs. The \$595,000 annual HRC cost is in addition to the \$800,000 annual expense for previously established lifestyle and wellness programs.

The HR Benefits staff will provide quarterly reports to Senior Management to review strategy effectiveness. The analytical review will include medical claims financials, results of the vendor's performance guarantees, analysis of standard claims utilization metrics, key clinical drivers, key trend drivers, participation levels in the disease management programs, improvement in HEDIS-like measures, analysis of episode risk groupers, assessment of the overall illness burden, and active participation of employees in all Health Resource Center programs. Once we have a statistically valid time period, we will study the aggregate utilization of employees who do use, versus those who do not use, the services at the Health Resource Centers. We want to see if the overall strategy to improve employee health and well-being is working, and we also want to continually refine and target our efforts to reach the right participants.

Two new positions have been created in the HR Benefits Department to achieve the effectiveness of the overall strategy. The first position is the Manager of Health Promotion. This position is responsible for integrating the activities of the Health

Resource Centers with other UnumProvident health promotion programs that encourage and support behavior change and healthy lifestyles.

The second position is the Assistant Vice President of Health Strategy. This person will shape and implement the health care strategy to achieve long term success.

In order to assure complete and total confidentiality for the employees who use the Health Resource Centers, UnumProvident signed a three year agreement with CHDMeridian, whose nurses will staff and manage the Health Resource Centers in Chattanooga, TN; Portland, ME; and Worcester, MA. Employees can be certain that their confidential, protected health information is not shared with their employer. UnumProvident's goal is to reinforce the healthy behaviors and lifestyles that can result in a more appropriate use of health care dollars and a more productive workforce.

Part II – Communications

UnumProvident recently developed an overall strategy and consistent theme to communicate the company's benefit programs. Our theme of "Responsibility + Resources = Reward" encompasses all company benefits and resources, including retirement, disability and health. The focus for the communication of our health care programs incorporates the following best practice elements:

- Communicate a comprehensive and consistent message
- Stress the importance of physical activity and good nutrition
- Answer the question: "What's in it for me?"
- Explain the resources the company provides

Plans to integrate "Responsibility + Resources = Reward" into our benefits communications are now underway. The success of the communication strategy used for the LightenUp initiative, a team-based weight reduction campaign, demonstrated to us that a unifying theme produces employee engagement.

UnumProvident's Senior Vice President of Human Resources, Eileen Farrar, kicked off the LightenUp campaign with an introductory email. The opening message was followed by six "awareness building" communications, including FLASH presentations, to inform employees about the effects of overweight and physical inactivity on overall well-being. The LightenUp communication campaign was designed to be fun and engaging. The average open rate for the six communications was 85 percent, and each provided access to resources and articles about the benefits to health of weight loss.

When the campaign began, the formation of weight loss teams opened the next phase of the communication strategy. The team approach fostered healthy competition, since each team strived to be recognized as “the biggest losers,” or to invent the funniest team name. Throughout the 13-week company-wide weight loss program, team captains shared information about tips and techniques to reach weight loss goals. Individual employees, including an executive from a UnumProvident subsidiary, were highlighted in the company’s weekly e-newsletter, CONNECTIONS, which has an average open rate of 84 percent.

The teams that lost the greatest percentage of total weight received prizes from the company, and were recognized for their accomplishments in the weekly company e-newsletter. The most notable success, however, has been the employees’ understanding that better health is what’s “in it” for them.

The theme of another recent communication campaign focused on individual accountability relative to rising health care costs. We set a context with direct-to-employee presentations at our major locations, with Webex sessions for the field offices. The sessions promoted an understanding of the cost drivers behind rising health care costs, and aimed to improve employees’ understanding of health care cost challenges. The presentation theme, “We’re in this Together,” pointed to specific actions that employees can take to “make a difference” while they take advantage of the resources and benefits provided by the company.

In recent months we re-introduced a health risk assessment survey, which allowed us to emphasize messages about the health care strategy. Our approach to incent employees to take the HRA represented a dramatic shift from previous tactics. We

explained to employees that everyone would begin 2005 with a \$5.00 per pay period discount for health insurance contributions. The context for the new approach was set within an explanation of the health care strategy. The health assessment survey is offered as an important resource to help employees avoid, identify, or reduce risks. The on-line HRA itself is a vehicle for health care strategy messages. The HRA is completely interactive, and sends feedback in response to a participant's entries. The feedback suggests targets for blood pressure, body mass index, and cholesterol levels, for example. The interactivity of the survey supports "What's in it for me?" because the advice is an immediate response to the employee's current overall health status. The nurses in the Health Resource Centers will help employees complete the health risk assessment, and employees can experience the integration of the company's available resources.

The news about the company's incentive approach to encourage completion of the health risk assessment generated numerous comments and emails from employees. As we talked to employees, we recognized that we needed to take additional steps to communicate the messages more effectively. For that reason we held direct-to-employee presentations and small focus group sessions at the major company locations. A representative from our health insurance vendor conducted the meetings, and the responses from employees were overwhelmingly positive. The presentation focused on the question: "What's in it for me?" (A copy of the presentation is in Tab 6.) Employee feedback was instructive and invaluable, and we have made the changes that were suggested during the sessions. The clear lesson is that communication is a two-way street.

A comprehensive communication strategy recognizes that a variety of different tactics should be utilized to reach the greatest number of employees possible. Our combination push-pull strategy of engaging employees includes:

HTML e-mail: An online e-mail engine gives UnumProvident the opportunity to develop and distribute HTML-based e-mail communications to employees that incorporate content in a professional and compelling manner. The following ongoing corporate messaging utilizes this approach:

- *Connections*, our weekly all-employee newsletter
- *CEO Wrap Up*, a bi-weekly CEO e-mail message and Q&A
- Project-driven e-mail announcements

Company e-mail system: E-mails that do not require open rates or tracking information are generally sent via the company e-mail system, Microsoft Outlook. Human Resources also sends out a subscription-based newsletter *Healthy Living 101*, via the company e-mail system. The *Healthy Living* newsletter provides useful information to help employees make choices that have a positive impact on their health.

Company intranet: Currently, employees view HR and company-wide news on the home page of our company intranet. All employees have access to the company intranet from which they can pull all benefits and health and wellness information, including archived informational e-mails. The HR Benefits portion of our intranet averages 4000 hits a month.

We also use other approaches, such as brochures, flyers, and flash presentations. We want to build excitement and capture the attention of employees with attractive graphics and colors.

Our trackable health and wellness-focused e-mails (e.g., LightenUp) are reaching an 85 percent open rate. Our weekly company e-mail, in which LightenUp participants were profiled, receives an average 84 percent open rate. Until we move all of our communications to the trackable system, we assume that this rate carries over to the majority of our non-trackable e-mails.

Part III – Healthy Food Choices

UnumProvident provides on-site food services at four company locations.

Healthy menu items are available at each company cafe to support the health care strategy:

- a) To maintain a healthy work force – offer healthy food choices
- b) To promote employee accountability – develop awareness about nutrition. We want to stimulate demand for the healthy meal choices.

The food service vendor offers between 25 – 30% healthy choices on a daily basis. To achieve this level of healthy choices, we were guided by standards from the food service industry.

Nutrition labeling is prominent for many meal options in the cafeterias.

Nutritional facts are also provided through the company intranet. We continue to work with our food service vendor to improve nutritional levels by reducing sodium, for example.

In 2006 more than 50% of all menu items will meet the following criteria:

- a) contain 15 or fewer grams of total carbohydrates
- b) contain less than 300 calories
- c) derive less than 30% of calories from fat
- d) contain less than 480 mg of sodium
- e) or, be a vegetarian choice

The vending machine supplier does provide healthy choices called “Balanced Selections.” The machines contain 20 – 25% healthy choices, and each item is labeled

with “low fat”, “low cal”, or “low carb.” The healthy choices are easy to identify in the vending machines because they are labeled with a prominent red check-mark.

Healthy beverage options are also available in the vending machines, and include water, real fruit juices, sports drinks, and skim milk.

UnumProvident’s new “Healthy Eating” frequency purchase program rewards customers for the selection of healthy entrees. A designated area is identified as the “Well-Being Station” where, for example, employees will be offered roasted, rather than fried chicken, and vegetables will be steamed and seasoned, but not boiled and buttered. Employees who purchase five entrees from the healthy station get their sixth entrée free of charge.

Table Tent displays enliven cafeteria tables and provide nutritional quick tips. The displays reinforce the “healthy eating” message in the cafeterias.

We expect the linkage between the Health Resource Centers and the food service vendor to be a creative, fun, and innovative way to bring nutrition education into the kitchen. The nurse educator at the Health Resource Center will partner with the food service vendor to conduct healthy cooking classes in the café kitchens. The nurse educators bring their nutritional expertise to the relationship with the food service vendor. Together the team can implement new ways to promote and sell the healthy food options.

The Healthy Living 101 program, which is also described in Part V, is a UnumProvident electronic educational program designed to promote healthy eating, fitness, and physical activity. The monthly articles posted for Healthy Living 101 provide nutritional and healthy lifestyle information that is easily incorporated into a

daily routine. A healthy recipe is shared each month, and the food service vendor prepares and features the recipe as a selection in the cafeteria during that month.

As UnumProvident has become more engaged in the national health challenge posed by the obesity epidemic, the food choices at company meetings offer smaller and healthier portions and choices. The Danish pastries and donuts have been replaced with grapes, apples, and small portions of banana bread. The demand for healthier food choices comes from employees themselves, rather than a formal company policy regarding food choices provided at meetings. It is our expectation that as we continue to educate employees about nutrition, greater awareness will contribute to the creation of a culture of health.

Part IV – Physical Activity

UnumProvident's highly successful weight reduction and physical activity campaign, called LightenUp, is an excellent example of one program we recently implemented to encourage employee overall well-being. LightenUp linked the importance of physical activity with a sustained weight reduction program. The key message was "active lifestyles and healthy weight reduction management often go hand in hand." The team-based program was comprised of two phases:

- En-Lighten: to raise awareness of the broad impact of obesity

- LightenUp: to take action

Eileen Farrar, Senior Vice President of Human Resources launched the program with an invitation to employees to participate. Regular updates from CEO Tom Watjen consistently communicated the importance of the program's goals. Another prominent supporter of LightenUp was Randy Horn, President and CEO of Colonial, a UnumProvident company. Mr. Horn gave his team its name: "Randy's Weight Busters," one of ten teams at the Colonial location.

LightenUp was a four month program that opened with a "Kick-off Walk." Each LightenUp team member received a pedometer to measure the number of steps taken each day, with a suggestion to aim for 10,000 steps a day. Employees were encouraged to be creative about ways to increase the number of steps taken each day. Creative ideas about how to increase daily activity were shared with team members.

Team captains motivated team members and monitored weekly team weight loss. The teams were also supported by weekly LightenUp articles relating to healthy eating

and exercise. (Communication materials provided to employees during LightenUp are in Tab 5.)

In total 1585 employees participated in LightenUp, with a total weight loss of 5372 pounds! UnumProvident will continue to sponsor LightenUp, particularly because the team-based approach was so effective for program success. For those employees who may have been physically inactive, the fun of walking with a team provided the motivation to be active.

UnumProvident's geographic locations are well-suited to walking events. The pedestrian-only bridge over the Tennessee River, near the Chattanooga office location, as well as wooded paths close by the Portland location, offer safe and convenient encouragement to employees to get outside and take a walk. Colonial's location is also safe and tree-lined; Worcester's location offers the most rigorous walking area with a hilly terrain.

UnumProvident offers on-site fitness facilities at company locations in Chattanooga, TN; Columbia, SC; Portland, ME and Worcester, MA. The fitness facility is a convenient and affordable way to maintain an active and healthy lifestyle. The facilities provide a wide range of cardiovascular and strength training equipment, innovative group exercise programs and motivational incentive programs. The professional staff provides the highest degree of customer service to ensure program effectiveness, safety and a comfortable atmosphere so that people of all fitness levels feel welcome. Our professional staff adheres to American College of Sports Medicine Guidelines and Standards by providing pre-enrollment screenings in the form of a personal interview to set clear, appropriate goals, a health history assessment and fitness

evaluation to understand the customer's current health condition. Fitness evaluations include the following assessments: resting heart rate, blood pressure, body composition, cardiovascular, strength and flexibility. These results are assessed and written into a comprehensive exercise prescription to ensure the customer receives the most effective and safe exercise program to meet his or her individual goals.

UnumProvident subsidizes fitness facility memberships which results in monthly employee costs that are significantly lower than local private facilities. In addition, UnumProvident employees who work in our field offices enjoy the benefit of a health promotion account that is funded by the company to provide employees with a subsidy for health and fitness programs and services.

To promote the fitness facilities, lively events are held in the company cafeterias and at special "open houses." Another program with special appeal is "Traveling Trainers." The fitness facility staff goes out to the employees' work sites, rather than waiting for employees to make the first move. "Traveling Trainers" demonstrate and invite participation in light stretching, resistance training with flexible bands, or weight training.

Incentives do attract employees to attend health promotion programs. Drawings and giveaways have ranged from workout bags to movie tickets to calendars. The most significant and meaningful incentive is the subsidized fitness facility membership, with approximately 20% of employees taking advantage of the convenience and low cost of on-site facilities.

Part V – Benefits

UnumProvident introduced a voluntary, on-line health risk survey in 2004. The health risk assessment is fully funded by the company for employees and their dependents. The completion rate of the survey in 2004 was less than 2% of all employees, in part because the incentive was a tee shirt and a self-care book. Employees also communicated their concern to the company about issues relating to the confidentiality of personal health information.

The low completion rate spurred the company to explore other approaches to encourage employee participation. The approach selected for 2005 is two-pronged:

- a) Intensive direct-to-employee presentations to focus on “What’s in it for me?” and to respond to concerns about confidentiality
- b) Reduced contribution for the employee’s share of health insurance plan costs

In 2005 employees receive a \$5.00 per pay period discount for health insurance contributions from January 1 through June 30. If an employee submits a completed on-line health risk assessment before June 30, the employee will maintain the discounted premium contribution for the remainder of 2005. Conversely, employees who do not complete the health survey by June 30 will lose the premium discount effective with the August 15 paycheck.

We encourage employees to develop a personal action plan through consistent communication and promotion of the dedicated company resources. In 2005 our central communication message encourages active employee engagement: “Responsibility + Resources = Reward.” In our message, “Reward” is the intrinsic value derived from a personal action plan to manage one’s health.

A variety of health resources support employee accountability. The health risk survey generates a customized report with specific feedback and directional steps that an employee can use with the employee's physician to develop an action plan. Employees in Tennessee, Massachusetts, and Maine, which represent over three-quarters of our population, can use the Health Resource Centers to develop, track progress, and receive support for their personal action plans.

The Health Resource Centers provide individualized health coaching to support employees in their efforts to reduce risk or manage chronic conditions. In fact, health coaching is a primary activity offered by the Health Resource Centers.

Weight reduction programs, such as Weight Watchers at Work, have been a core health promotion offering at UnumProvident for many years. Weight Watchers at Work is offered on-site at our major corporate locations multiple times throughout the year. Field employees receive a subsidy to participate in Weight Watchers programs within their own communities.

LightenUp, a team-based weight reduction program described in greater detail in the "Physical Activity" section of this application, was introduced for the first time in September, 2004. LightenUp combines weight reduction and physical activity to achieve weight loss results.

Employees register in Healthy Living 101, our company's electronic educational program designed to promote healthy eating, fitness, and physical activity. Each month employees receive an article that is conveniently e-mailed to the desktop. A healthy recipe accompanies the article.

Examples of topics include:

- Fad Diets
- Low carb update
- Diabetes

Employees also register on-line for health-related information, including weight reduction topics, available from our health insurance provider. The website offers individualized tools to track progress in a weight reduction program, and an on-line personal health coach, and fitness and nutrition highlights.

UnumProvident's health benefit plan design is consistent with our health care strategy. The plan pays 100% for three visits per year for nutritional counseling provided by a registered dietician. An employee may be referred by a physician, or self-refer for nutritional counseling services. Unlike health plans which only offer nutritional counseling in conjunction with a diabetes diagnosis, the UnumProvident benefit is unrestricted.

UnumProvident's Employee Assistance Program is another resource that brings work-life balance program services to employees. The work-life balance program offers a wealth of services to help employees manage stress, health issues, depression, and grief and loss issues. In stressful life situations, employees may be less inclined to pay attention to their physical activity and nutrition. Work-life balance can support employees' efforts to manage life issues.

The Health Resource Centers are the prominent example of UnumProvident's support for health improvement, weight reduction, physical activity, and overall employee well-being. Employees self-refer to the Health Resource Centers, and all

education programs are grounded in the “Stages of Change” model by J.O. Prochaska et al. We recognize that for most people, behavioral change occurs gradually, and working toward lifestyle change is a process. UnumProvident provides innovative resources to support behavior change; the employee provides the self-motivation.

Part VI – Results and Outreach – Extra Credit

Two recent programs demonstrate successful outcomes for resources targeted to increase physical activity and improve eating habits. LightenUp ran from September 2004 through January 2005. As a corporate-wide program, employees throughout the country participated in the campaign. The outcome measures are based on total participation levels and weight loss numbers. A total of 1,585 employees lost 5375 pounds.

As important as the numerical outcome is, the qualitative side of the experience is best summed up by Randy Horn, the CEO of Colonial, a UnumProvident subsidiary: “I feel great after the program. I’m much more aware of what I eat. I’ve cut down the snack foods considerably and have challenged myself to get more exercise in the coming year.” An outcome that results in the motivation to sustain long-term weight loss and physical activity is the true program goal.

The Healthy Living 101 program is UnumProvident’s on-line educational program to promote good nutrition and healthy lifestyle. Here is a sample of employee comments from program participants: “I really look forward to hearing from Healthy Living 101 each month”. In all, 2700 employees are active participants and receive the monthly newsletters.

The Health Resource Centers opened in March 2005, so it is too early to report on program outcomes. However, we will track success and employee engagement through a variety of measures. We will monitor employee self-evaluations to assess levels of personal health improvement, such as improved eating habits, increased physical activity, weight loss, lowered cholesterol, and better stress management.

The Health Resource Center Vendor will monitor true participation levels, including attendance at wellness activities, the number of visits for biometric screenings, and graduations from disease management, and will report to UnumProvident on biometric measurement improvements, such as improved cholesterol levels and blood pressure levels.

The encounter data from the Health Resource Centers will be integrated with the medical and pharmacy claims data using the data warehouse capability. We will monitor claims utilization patterns to determine future targeted interventions. The decision support tool includes HEDIS-like measures to enable us to evaluate quality of care improvements. For participants in disease management programs, we can evaluate outcome studies, such as reductions in emergency room use or hospital in-patient admissions. Overall, the nurses in the Health Resource Centers will track everything that they do, so that every activity is measured. The attached exhibit is a detail of the depth of potential outcomes measurements.